# Beechcroft Residential Home

# Corbett House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 9 November 2015. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to a maximum of 11 adults who lived with a mental health condition and/or associated needs. At the time of our inspection 10 people lived at the home.

There was no registered manager as they had resigned a short time before our inspection. It is a legal requirement that a manager is registered with us. 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 felt safe. Risks to people had been assessed appropriately and were monitored. Systems were in place to protect people from the risk of abuse.

There was sufficient staff on duty to meet the care and support needs of people. The provider ensured that staff were recruited safely.

Staff felt that they had received adequate training to equip them with the skills and knowledge they needed to provide safe and appropriate support to the people who lived at the home.

People received their medicines as they had been prescribed and records were maintained when medicines were administered by appropriately trained staff.

Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed to prevent any unlawful restrictions.

People felt it was a good place and that they were happy there. People were encouraged and supported to be as independent as possible.

People felt that the staff were helpful and kind. They confirmed that were respectful, polite and helpful.

Complaints systems were available for people to use. People felt that they could state their concerns or dissatisfaction and issues would be looked into.

People felt that the quality of service was good. There was no manager registered with us the home was being led by a deputy manager until a replacement could be appointed. However, the deputy manager was not being given protected time to attend to managerial tasks. The deputy manager knew when they needed

to send us notifications about incidents that occurred. Audits were undertaken to determine if changes or improvements were needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Systems were in place to protect people from harm and prevent them from being abused.

People felt that there were enough staff to meet their needs and keep them safe

Medicine systems including those relating to people who were self-medicating were managed to a safe standard.

### Is the service effective?

Good

The service was effective.

People and staff felt that the service provided was good.

Staff felt appropriately trained and supported to enable them to carry out their job roles.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

### Is the service caring?

Good

The service was caring.

People felt that the staff were helpful and kind. They confirmed that were respectful, polite and helpful.

People felt that their dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

### Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and preferences.

People were encouraged to engage in or participate in activities that promoted their independence and met their needs.

Complaints procedures were in place for people and relatives to voice their concerns.

## Is the service well-led?

Good

The service was well-led.

The registered manager had resigned a short time before our inspection. It is a legal requirement that a manager is registered with us. The provider knew that they were required to have a registered manager in post and would ensure that this was addressed as soon as possible.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place for staff to report any concerns regarding bad practice which staff were aware of and told us that they would not hesitate to use.

# Corbett 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.

Our inspection was unannounced and took place on 9 November 2015. The inspection was carried out by one inspector. We started our inspection midday and continued into the evening so that we had the opportunity to meet and speak with the people who lived there and staff in case they were out of the home earlier in the day.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We spoke with the local authority to get their view on the home. We used the information we had gathered to plan what areas we were going to focus on during our inspection and corroborate our inspection findings.

We spoke with four people who lived at the home, three staff, the deputy manager and the provider. We spoke by telephone to a healthcare professional who was involved in monitoring the care and support for one person. We spent time in communal areas observing daily routines and the interactions between staff and the people who lived there. We looked at the care files and medicine records for two people and staff training records. We also looked at complaints systems and the audit processes the provider had in place to monitor the service.

Good

# Is the service safe?

## Our findings

The provider had made us aware of safeguarding issues that had occurred. These incidents did not involve any staff members. The provider had informed the local authority about the incidents and the police had been involved. The situations had been dealt with and there was no further risk to the people who lived at the home connected with the incidents. A person said, "Something happened but it has been sorted". All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns with the deputy manager and/or provider and that they would be acted upon. We saw that the people who lived at the home were at ease in the presence of all staff and the provider. We observed that they were calm and relaxed when they approached staff or spoke with them.

A person said, "I feel safe living here". Another person told us, "I am safe here". Staff we spoke with told us that they felt that people who lived at the home were safe. A staff member said, "I think that the people who live here are safe". No person had needs that required moving and handling and all people could mobilise independently. We saw records to confirm that risk assessments were undertaken to prevent the risk of incidents, accidents and injury. A staff member said, "We [The staff] know about people's risks and monitor things".

We randomly looked at a number of service certificates and documents to see if the provider had processes in place to prevent untoward incidents. We could not find a current landlords gas safe certificate to confirm that the gas supply and equipment was safe. We saw that records had highlighted that hot water from a tap in one bedroom exceeded the upper maximum temperature. The deputy manager told us that they were aware of these issues. They showed us an email that they had recently sent to the landlord (owner of the building) to get the issues addressed. We found that the fire risk assessment was in need of an update as the stated review date had past. The deputy manager told us that they would speak with the provider about this who would get the review completed. They confirmed to us a few days after our visit that this was now in hand.

People we spoke with felt that there were enough staff to meet their needs. A person told us, "I think there are enough staff". Another person said, "There are always staff around to help us if we need them". Staff told us that generally there were sufficient staff numbers to meet people's needs. We saw that staff were available to support people throughout our inspection.

The deputy manager and all staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at. Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed and would not be given when it was not needed.

People we spoke with told us that they had given consent for staff to hold and manage their medicines. A

person said, "I do not want to look after my tablets". People told us that where staff had responsibility for their medicine it was always given at the right time. A person said, "The staff give me my medicine correctly and at the proper time".

Some people managed their own medicines. We found that processes were in place for people who wished to manage their own medicines that included monitoring and checking systems to ensure that people had taken their medicines correctly.

We saw that medicines were stored safely in locked cupboards. We saw that records were made of high risk medicines and the storage requirements for this type of medicine to prevent it being accessed by unauthorised people were met.

We looked in detail at the medicine administration records for two people. We counted their medicine against the number highlighted on the medicine records and found that they balanced correctly. We saw that the staff regularly checked the medicine administration records to confirm that they had been properly maintained. Records of medicines administered by staff confirmed that people had received their medicines as they had been prescribed by their doctor to promote and maintain their good health.

The provider had a recruitment process in place. Staff we spoke with confirmed that before new staff started to work those recruitment processes had been carried out. The deputy manager told us, and records that we looked at confirmed that before new staff started to work references were obtained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. The processes in place would prevent unsuitable staff being employed and minimise any risk of harm to the people who lived there. However, we found that there was no provision on the application form for staff to declare any physical or mental health conditions that they may have. Without this information the provider would not be able to decide if any prospective staff member had the ability to perform the tasks that would be expected of them. The deputy manager told us that they would address this.

Good

# Is the service effective?

## Our findings

All people we spoke with told us that they felt that the service provided was effective. One person said, "It is good here. I don't want to go anywhere else". Another person said, "I have lived here for a long time and I am looked after properly". All staff we spoke with told us in their view they provided a good service to people. One staff member said, "I think we provide a good service".

All staff we spoke with were able to tell us in detail people's individual needs and risks what needed to be done to meet people's needs and reduce risks. A community mental health professional told us, "Since they [A person who lived there] have lived there the staff have monitored the condition and they have not had to be admitted to hospital which is positive".

Staff told us and records that we looked, confirmed that induction processes were in place. These processes introduced new staff to the home, the people who lived there, emergency procedures and policies that they needed to be aware of and work to. The deputy manager told us, and showed us evidence to confirm, the provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

People felt that staff were adequately trained and supported to care and support them to a good standard. A person said, "I don't know what training or support the staff have but they all seem able". Staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. Staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that staff supervisions took place regularly and gave staff the opportunity to discuss their development and training needs.

A staff member said, "We have a handover meeting at the start of every shift. The staff going off duty tell us how people are, any changes, and what appointments people may need to attend that day so that we all know what needs to be done". This showed that processes were in place to ensure that staff had been provided with the information that they needed to effectively support people on a daily basis.

A person who lived there said, "We can all go out of the home on our own at any time. There are no restrictions". People and staff we spoke with told us non-restrictive practice was promoted. We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. We saw that assessments had been undertaken to determine people's mental capacity. The deputy manager told us that if they determined that a person lacked capacity they would involve social and/or healthcare professionals to ensure that any decisions made would be in the person's best interest.

Staff and records both confirmed that referrals to relevant mental health services were made if people's mental health conditions changed or deteriorated. A community mental health professional told us that they visited people at the home regularly or more often if staff alerted them that there was a concern. We found that other healthcare services were accessed on a regular or as needed basis too. A person said, "I go to the doctor". Other people told us that they went to the optician and blood monitoring clinics. This showed that processes were in place to monitor and support people's mental health conditions and promote good physical health.

People who lived at the home were encouraged do their own food shopping, preparation and cooking. A person told us, "To be honest I don't like shopping or cooking but I can see I need to do those things so I do them". People we spoke with told us that they could cook and eat at times that suited them. A person told us what they had planned to cook for their tea they said, "I am going to have my tea at five o'clock". We saw that care plans highlighted what people liked to eat and did not like. We also saw that care plans encouraged people to eat a healthy diet to prevent health risks. We saw that fresh fruit was available in the ground floor lounge area for people to help themselves to. We found that risks relating to food and drinks were known by staff. Staff we spoke with had a good knowledge of these.

Good

# Is the service caring?

## Our findings

All of the people we spoke with told us that the staff were kind and helpful. A person said, "The staff are all really lovely". Another person told us that they felt that the staff were considerate. People we spoke with were also complimentary about the provider. They told us that they were a very kind person. We observed staff interactions with the people who lived at the home and saw that they were good. We saw that staff listened to people, gave them time and showed an interest in their individual circumstances.

We found that the provider had the understanding that if they allowed people to have pets it may give them comfort. Two cats lived at the home. People who lived there liked the cats. A person said, "I like to stroke the cats. It makes me happy". One person had a pet bird in a cage in their bedroom. They showed us the budgie and talked to us about it and told us how they cared for it each day. It was clear that the person loved the bird and that it gave them great pleasure.

People we spoke with confirmed that staff promoted their dignity and privacy. One person said, "I have a key to my bedroom". We observed that people who lived there used keys to open and lock their bedroom doors. Another person told us, "The staff let us shower and bathe on our own. That is how it should be it is private". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space, making sure that toilet and bathroom doors were closed when in use and not going into people's rooms unless they had permission.

Our observations showed that staff were polite and respectful to people in the way they spoke and engaged with them. Staff had asked people how they wished to be addressed and this had been recorded on people's care files. We heard staff addressing people by their preferred name.

We found that people's independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or physical health conditions and to give them the support they required to achieve this. Staff supported people to enhance their daily living skills regarding cooking, cleaning, doing their laundry, finance management, and making and attending health appointments. A person said, "We all do what we can. If we do need help we ask the staff". Another person told us, "I clean my room and do my washing myself". During our inspection some people went to out into the community to attend personal tasks or attend appointments independently.

All people were able to select what they wanted to wear each day and go to the shops to purchase new clothes when they needed some. A person said, "We all sort ourselves what we want to wear". Staff we spoke with confirmed that all people were independent regarding their appearance needs but knew of people's individual wishes and preferences. People told us that their appearance was important to them. A person said, "I like to have my hair done and I do".

A staff member told us, "We keep confidential records locked in cupboards and we do not talk about anyone's personal circumstances to others unless there is a need to protect them". We saw that the provider had a confidentiality policy and that staff had signed to say that they had read and understood it.

All people we spoke with told us that contact with their family was important to them. A person said, "I see my family. I go and see them and they can come here anytime".

People who lived at the home had a variety of needs which may require a range of support mechanisms. We saw that information was available in the reception area to inform people how they could access an advocate to provide independent advice or support. People we spoke with knew that the information was available.

Good

# Is the service responsive?

## Our findings

A person told us, "I came and looked around the home, met the staff and other people and spent time here before I moved in". Staff told us, "Wherever possible we encourage people to spend time here as an introduction, this is to see if they like it here". This process had given the provider and the person the opportunity to determine that the person's needs could be met in the way that they wanted them to be.

A person said, "I have lived here for a long time. The staff know me and look after me well". People told us that staff knew them and their needs well. Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs.

All people we spoke with told us that staff asked them how they preferred to be cared for and supported. A person said, "The staff ask me what I want, I tell them and I do things for myself or the staff help me". Another person said, "The staff involve me in making choices". We found that people's needs and their care plans were reviewed regularly especially when there were changes in their circumstances or condition. A community mental health professional and people we spoke with confirmed that people were involved in their care review meetings and care planning. A person said, "The staff talk to me then do my plans. I read my care plans and have signed them as I am happy what they say". This showed that staff knew the importance of providing personalised care to ensure that people were supported appropriately, in a way that they wanted to be.

In-house activities were aimed to promote independence and life skills. People told us that during the day they went to appointments, went shopping, or did other chosen activities and that staff supported them where there was a need. We observed people going out of the home and returning throughout our inspection. We were also told that if people wanted to pursue a college course or apply for work staff would provide support. Staff told us and people confirmed that if people wanted to go on holiday the support would be offered. However, some people told us that they preferred visiting and staying with their families rather than going on holiday. Staff told us that the provider often took people out for meals and they enjoyed this. We heard a conversation between a person and the provider. The provider asked the person if they wanted to go out for a meal before Christmas and where they would like to go. The person suggested places and was smiling happily.

Staff knew it was important to people that they were supported to continue their preferred religious observance if they wanted to. However, people told us that they did not want to practice or follow any religious ceremonies and this was honoured by the staff.

We saw that a complaints process was available and displayed in the front entrance of the home. People told us that they were aware of the complaints process. A person said, "I would speak to the staff or owner if I was not happy". We saw that some complaints had been received. These had been documented as had the action taken.

Records we looked at and people and staff we spoke with all confirmed that the provider used a range of methods to involve people in the running of the service and for them to voice their views if they wanted to. People confirmed that they attended meetings and completed provider survey forms.

Good

# Is the service well-led?

## Our findings

The registered manager had resigned a short time before our inspection. The provider knew that they are required to have a registered manager in post and gave assurance that this would be addressed as soon as possible.

Until a new manager was appointed the deputy manager was leading the home. Although we did not identify any impacts on the people who lived at the home we identified that the deputy manager was still included on the care staff rota. When the manager was in post they worked supernumerary to the rota to allow them to concentrate on managerial tasks. However, this was not the case for the deputy manager. Without this time there was a risk that managerial tasks would not be undertaken or completed.

People we spoke with felt that the service provided was good and indicated that it was well-led. A person said, "It is good here. We get what we need". Another person said, "It is a good place".

All people we spoke with knew who the deputy manager and provider were. We found both had a very good knowledge about the people who lived at the home. We saw that the deputy manager was visible within the home as was the provider. During our inspection the provider visited the home. We saw that people were very pleased to see the provider. One person hugged them and spoke with them. They looked happy. They said, "She is very good". A community mental health professional told us, "The provider is involved and interested I have a lot of time for them".

Providers are required by law to notify us about events and incidents that occur these are called notifications. The provider had sent us notifications when incidents occurred to meet this requirement. We found that there had been learning from the incidents. Some people's money had been taken (not by staff) and as a result of this situation processes regarding the safeguarding of people's money had been strengthened and improved.

Incidents and accidents that took place within the home were recorded appropriately following the provider's procedures. The staff monitored these for trends so appropriate action could be taken to reduce any risks to people.

The deputy manager told us and records confirmed that audits were carried out regularly these included audits of people's money and medicine systems. The deputy manager told us, and records confirmed, that at least once a month the provider met with the deputy manager went through what was happening in the home and any issues. They then produced a report and when needed an action plan. This showed that the provider had systems in place to ensure that the service was being operated as it should be to benefit the people who lived there.

We found that support systems were in place for staff. A staff member said, "There is always someone we can go to if we need advice". All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. Staff told us and records confirmed that

regular meetings were held for staff. The meeting minutes confirmed that the meetings gave staff information and guidance. A staff member said, "The meetings are beneficial, we can raise things if we want to".

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I had any concerns at all I would report them straight away". A second staff member said, "We have policies and procedures regarding whistle blowing. We would follow these if we had any concerns. This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.