

HF Trust Limited

# Beech Spinney

## Inspection report

Beech Spinney  
Ironbridge  
Telford  
Shropshire  
TF8 7NE  
  
Tel: 01952433102

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26 March 2019

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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

About the service:

Beech Spinney is a residential care home that is registered for up to seven people. It was providing personal care to seven people who have a learning disability and/or autism at the time of the inspection.

This care service supported people in line with the values that underpin the Registering the Right Support and other best practice guidelines. 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.

People's experience of using this service:

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were supported in their roles and received an effective level of training. We observed them supporting people in a competent manner.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character.

People were protected from harm by the provider having effective systems in place to monitor medicine management, staffing, infection control and upkeep of the premises.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were caring and understanding towards people. People using the service appeared comfortable in the presence of staff

The premises provided suitable accommodation for people with communal areas and bedrooms which were personalised to people's individual interests.

Support plans were detailed and reviewed with the person and their relatives when possible. Staff worked with and took advice from health care professionals. People's health care needs were met.

People had a variety of activities which they enjoyed on a regular basis. People and relatives' views were sought, and opportunities taken to improve the service. Formal supervision meetings were carried out with staff. They told us they were supported and clear about what was expected of them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Audits and checks were carried out, and any issues identified and rectified.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The home was rated Good at the last inspection (report published in May 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Beech Spinney

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One Adult Social Care Inspector carried out this inspection.

#### Service and service type:

Beech Spinney is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates seven people in one adapted building. At the time of the inspection, seven people were living in the home.

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.

#### Notice of inspection;

The inspection took place on 26 March 2019 and was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People who lived at Beech Spinney did not all communicate verbally. We met with two of the people living

at Beech Spinney, and spent time observing staff working with and supporting other people in communal areas during the inspection. We also spoke with four staff and the registered manager.

During our inspection we looked at two people's care records and associated documents. We looked at previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints and compliments. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse

- People and staff we spoke with told us they felt personal care was safely given.
- Staff had received safeguarding training and records we saw evidenced this.
- There was a whistleblowing policy, which staff could access on the provider's computer systems. Staff we spoke with understood safeguarding and whistleblowing.
- The registered manager knew what constituted safeguarding, and reported any allegations or actual issues to the local authority.
- Where staff performance fell below the standard of care expected, the management team dealt with this by taking appropriate action to prevent recurrence.
- The registered manager sent us statutory notifications to inform us of any events that might place people at risk.

Assessing risk, safety monitoring and management

- Staff knew people well and told us the actions they took to keep people safe from risks.
- People had individual plans to ensure they were supported safely in the case of an emergency.
- Risk assessments were completed and reviewed regularly and these were used by staff to support people to reduce the risk of avoidable harm.
- Records detailed how known risks were to be managed to help keep people safe and provide consistent care and support.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Some people needed individual support at times from two staff, and we saw this level of support was provided.
- The registered manager advised that staff absence was usually covered by colleagues from other homes in the group to ensure people were supported by staff who knew them well.
- Recruitment processes and practices were clearly stated in the provider's own processes. We found they were being followed and ensured only suitable staff of good character were employed to work in the home.

Using medicines safely

- People received their medicines on time and in a safe way. Two staff gave people their medicines to reduce the likelihood of errors.
- People's medicines were kept in their bedrooms in a locked cabinet so that people could administer their medicines themselves if that had been assessed as safe to do so.
- Medicines were safely received, stored, administered and destroyed when people refused to take them or

they were no longer required.

- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them safely.
- The registered manager investigated errors if any were found. Staff were re-trained and had additional supervisions to prevent errors from recurring.
- People were supported by staff who followed the clear guidance for administration and management of medication. Staff had received training in medication administration.

Preventing and controlling infection.

- People were supported to follow good infection control practice in line with their ability and understanding. We saw that people were well presented and their clothing was clean and appropriate for them and the weather conditions.
- Staff told us how they reduced the risk of the spread of infection. We observed staff following the infection control policy during our inspection and they told us they used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of infections.
- We saw the home was clean and tidy in all communal areas and in private bedrooms we were invited into. People were supported by staff to clean their own rooms and to do their own laundry. When people were unable to undertake such tasks, staff undertook them to ensure they were completed.

Learning lessons when things go wrong

- Staff we spoke with were clear that they needed to report all accidents and incidents to their manager.
- Senior staff reviewed people's risk assessments and care plans following incidents.
- The registered manager advised that they reflected on any events where things had not gone as expected. They kept records of any accidents and incidents and analysed these to reduce the likelihood of events recurring in the future.

# 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.

People's outcomes were consistently good, and feedback from relatives and staff confirmed this.

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

- People's care and support needs had been identified at the time of admission and since then had been reviewed regularly to identify if they had changed.
- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans that were in place for each person.
- The plans contained specific detailed information in some instances about how a person was to be supported by staff. The registered manager promoted the delivery of person centred care and used this focus when reviewing and monitoring support provided to people.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience.

- Staff told us about their experience during their induction. They said the process had been comprehensive and equipped them to support people effectively.
- Staff we spoke with were competent, knowledgeable and skilled. They carried out their roles effectively. A staff member said, "I feel I know what I am doing."
- Staff said that access to training organised by the provider was good.
- Staff received regular supervision meetings with their manager. A member of staff said, "I get supervision a lot. I have had all my training and learning." Staff also told us they could discuss any issues with the registered manager at any time and did not need to wait until the next supervision.

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

- People were supported to have a healthy balanced diet. We saw there was enough fresh fruit and vegetables to support people with healthy eating options.
- The staff ensured people were involved in choosing meals on a daily basis.
- Staff were aware of people's dietary needs and preferences. A member of staff said, "The food is really good, people choose what they want to eat."
- We observed a lunchtime experience with people and noted that each person received the assistance they required to eat safely. People made decisions about what they wanted to eat.

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

- Where people required support from healthcare professionals, this was arranged and staff supported people to attend appointments.
- People were supported to receive consistent support through good communication with external agencies

and professionals such as speech and language therapists, social work and district nurses.

- People received an annual health check in accordance with best practice for people with a learning disability and/or autism.

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

- The premises had been suitably adapted to meet the needs of people living there. Beech Spinney was well furnished and people had shared use of the lounge and dining room. People had their own bedrooms with en-suite facilities.
- People were involved in decisions about the premises and environment and individuals' preferences were reflected in their bedrooms and the communal areas of the service.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider followed the requirements of DoLS. Three people had authorised DoLS in place. No one had conditions attached to their DoLS. One person was waiting for their DoLS to be authorised.
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions. We saw staff seek people's consent before carrying out care tasks, such as putting on a clothes protector.
- Staff ensured people were involved in decisions about their care; and where appropriate knew the process to make decisions in people's best interests. Staff had received training about the MCA and DoLS.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they liked living in the home. One person said, "It is nice here, the staff are nice. They are kind."
- People's individual needs and diversity were protected and promoted. We saw that staff were attentive and caring. A member of staff told us, "Every staff member is kind, we really, really care."
- Communication between people and staff was good. Staff had clear knowledge about how people wanted their care to be delivered.
- Staff had clear knowledge about how people communicated their feelings and wishes through spoken language, gestures and Makaton, which is a form of sign language.

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

- People were supported on admission into the home to be involved in making decisions about how their care and support needs were to be met and who was to be involved in that process.
- Reviews of the care and support needs were undertaken regularly. The registered manager advised that they reviewed all the care plans with people and their relatives where appropriate.
- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing. Keyworkers are staff who build up their knowledge of the person to make sure they are supported as they want to be.
- Where needed, staff sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence.

- People could choose to meet with their visitors in their own room or in communal areas.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.
- People's privacy was respected and all personal care was provided in private. People went to their bedroom for time in private as they wished.
- People were supported to become more independent and one person told us they were being supported to move into a more independent living situation.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individualised care plan which contained details of known preferences and interests alongside their support needs. A staff member told us, "I could not believe how much choice people have. It is great."
- Care plans contained specific detailed information in some instances about how a person was to be supported in their home or when out in the community.
- Each person's preferred communication methods were recorded and known by staff in the home.
- Some documents were available to people which used easy read language and symbols. The registered manager had a clear understanding of the Accessible Information Standard, and were keen to further develop pictorial or easy read information for people using the service.

Improving care quality in response to complaints or concerns

- The provider had an established complaints procedure and process that was available to people and staff. A member of staff told us they could complain if they needed to and said, "People would be listened to if there was a problem."
- We saw that when complaints were received, the provider dealt with them in line with their processes, and records were maintained of action taken.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- We saw records relating to a person who had received end of life care at Beech Spinney which included compliments from the persons relatives about the care they received.
- When required, person centred accessible documentation was available to enable staff to support a person at end of life well. We were told by the registered manager that care plans and related discussions would take place with people as and when they were needed.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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.

- People met frequently with their key worker to discuss the service they received.
- Information from people, their relatives and others was used to inform how the care was delivered. There were established processes and procedures in place to ensure people received the care and support they wanted. This included an accessible newsletter for people.
- The registered manager demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders. People were included in interviewing staff and were about to become involved in auditing parts of the service.
- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had a policy in place to guide staff if such incidents occurred.
- All the staff we spoke with were positive about how Beech Spinney was managed

Registered manager and staff were clear about their roles, and understood quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were supported by regular staff and individual meetings.
- The environment and peoples' risks were safely managed and risk assessments were audited.
- The registered manager and provider had demonstrated their understanding and application of their internal procedures, such as disciplinary and recruitment procedures, in line with requirements.
- The registered manager used clear and established processes to review the quality of the service provided, to continually improve the service.
- When the quality assurance audits indicated any shortfall or an issue, the registered manager addressed these.
- Each person's written and electronic records were securely stored and kept private.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us there was an open culture within the home and they could make suggestions for improvement.
- The home worked in close partnership with the 'sister homes' within the company, as well as the wider community.
- The registered manager had knowledge and understanding of current practice and developments within the Health and Social Care sector.

