Brook Care Homes Limited

Beeches House

Inspection report

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Carshalton
Surrey
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 December 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 30 May 2014, where we found the service was meeting all the regulations we looked at.

Beeches House is a care home that can provide accommodation and personal care for up to 12 older people living with a learning disability. There were nine people living at the home when we visited. Four people using the service also lived with a physical disability.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had failed to notify the CQC about all the incidents that had affected the health, safety and welfare of people living at the home, which had included a death, several serious injuries and the outcome of applications made to the local authority to deprive people of their liberty. This meant the CQC could not take appropriate follow up action where needed.

We identified two breaches of the Care Quality Commission (Registration) Regulations 2009 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

In addition, although the homes physical environment was safe, maintenance and refurbishment work did not always take place when needed. This meant some of the homes interiors, which included furniture, soft furnishings and décor, looked worn in places.

People we spoke with told us they were happy living at Beeches House and felt safe there. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The home also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

The home continuously reviewed and planned staffing levels to ensure there were enough staff to meet people's needs. The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times.

People participated in meaningful social, leisure and recreational activities that interested them both at home and in the wider community. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be. We saw people could move freely around the home.

People were supported to keep healthy and well. Staff ensured people were able to access community based health care services quickly when they needed them. Staff also worked closely with other health and social care professionals to ensure people received the care and support they needed. People received their medicines as prescribed and staff knew how to manage medicines safely. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Staff supported people to make choices about day to day decisions. The manager and other staff were knowledgeable about the Mental Capacity Act (2005) and best interests meetings were held in line with the Act to make important decisions on behalf of people who did not have the capacity to make decisions themselves.

Deprivation of Liberty Safeguards (DoLS) were in place to protect people's safety, and the staff were aware of what this meant and how to support people appropriately. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. The management team which consisted of the registered manager/owner, operations director, deputy manager and new trainee manager all led by example and demonstrated a good understanding of their various roles and responsibilities.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. People and their relatives felt comfortable raising any issues they might have about the service with staff. The provider had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service provided at the home. The management team reviewed the quality of care provided to people. They ensured any areas that required improvement were actioned and there was a focus within the staff team on continuous improvement of the service.

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.

People told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it.

The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. Management consistently monitored incidents and accidents to make sure people received safe care.

People were given their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their rights

to privacy and dignity. People received compassionate and supportive care from staff when they were nearing the end of their life.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Is the service responsive?

Good

The service was responsive.

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a wide variety of meaningful in-house and community based activities and events that reflected their social interests.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had breached their legal obligation to submit information to the CQC without delay regarding the occurrence of any incidents that might affect the health and wellbeing of people living at the home. This included deaths, serious injuries and the granting of applications by the local authority to deprive people of their liberty.
In addition, although the homes physical environment was safe, maintenance and refurbishment work did not always take place when needed. This meant some of the homes interiors, which included furniture, soft furnishings and décor, looked worn in places.

People using the service and staff spoke positively about the acting manager. The views of people who lived at the home, their relatives, staff and external health and social care professionals

were welcomed and valued by the provider.

The provider monitored the quality of the care, facilities and support people using the service received. On-going audits and feedback from people were used to drive improvement.

Beeches 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 checked 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 8 December 2015 and was unannounced. It was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met all nine people who currently lived at the home and talked at length with three of them, as well as two visiting social care professionals' who represented the local authority. We also spoke with the provider's operations director, the deputy manager, the new trainee manager, three care workers and the cook. We spent time observing care and support being delivered in communal areas. We used the 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 with us. We also looked at various records that related to people's care, staff recruitment and training and the overall management of the service. This included four people's care plans and four staff files.

Good

Is the service safe?

Our findings

All three people we spoke with told us they felt safe living at the home. One person said, "I feel very safe here." The provider took appropriate steps to protect people from abuse and neglect. The provider had policies and procedures in place which set out the action staff needed to take in order to report any concerns they might have. Other records showed us staff had recently received safeguarding adults training, which the management team and other staff we spoke with confirmed. It was clear from discussions we had with the management team and other staff we spoke with that they all knew what constituted abuse and neglect, how to recognise these signs and who they should report any concerns they might have to.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. For example, if staff needed to use a mobile hoist when supporting a person to transfer from one place to another detailed guidance about how to do this in a safe way was included in the individual's care plan. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed to provide them in order to keep them safe. For example, we observed two members of staff work together as a team to correctly use a mobile hoist to safely transfer a person from an armchair they were sitting in to their wheelchair.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with such emergencies. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people who lived at the home and staff regularly participated in fire evacuation drills. Records showed us staff had received basic fire safety training. Staff demonstrated a good understanding of their fire safety responsibilities and clearly knew what to do in the event of the fire alarm being activated.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, mobile hoists, the stair-lift and call bell alarms had been regularly checked and/or serviced in accordance with the manufacturer's guidelines.

The provider had established and operated effective recruitment procedures. Staff records showed pre-employment checks were undertaken by the provider to ensure staff had the qualifications, skills and knowledge to support people, and that they were suitable to work at the service. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks.

There were sufficient numbers of staff deployed throughout the home. People told us there were always lots of staff working in the home. One person said, "There is usually plenty of staff about to help when I need it." There were four care staff on duty when we visited. We saw staff were visible in the home, especially in the two main communal areas, and responded promptly to people's requests for support. For example, we saw numerous occasions when staff responded quickly to people's requests for a drink or assistance to stand.

Staffing levels were flexible and could be altered to meet the wishes of the people using the service. On the day of our inspection we saw staffing levels had been significantly increased on the late shift to ensure there would be enough staff on duty to accompany everyone who wanted to watch a Christmas movie the service had arranged to be shown at a local cinema. Staff duty rosters showed that a minimum of four staff were always on duty in the home during the day, but this was often increased to five or six staff at least three or four times a week depending on peoples social activity programme. This was confirmed by the management team who told us the number of staff on shift varied depending on what activities people were undertaking that day.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were securely stored in a purpose built medicines cabinet that remained locked when it was not in use. Medicines records showed people using the service had individualised medicines administration records (MAR) that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets that we checked, were completed correctly. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Training records showed staff had received training in the safe handling and administration of medicines and this was refreshed on a regular basis.

Good

Is the service effective?

Our findings

Staff were appropriately trained and supported. One person told us, "Staff know what I like to eat. There good at looking after us". Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included a comprehensive induction that covered safeguarding adults, mental capacity and Deprivation of Liberty Safeguards (DoLS), understanding autism and healthy eating and living. Other training staff attended included learning disability and dementia awareness, moving and handling, and equality and diversity. Staff spoke positively about the training they had received. Two members of staff told us the training they received was always on-going and relevant to the work they performed.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly met on an individual as well as group basis with their manager and co-workers. It was also clear from these records and comments received from staff that their overall work performance was routinely appraised by their manager. This was confirmed by all the staff we spoke with. Staff told us that through the meetings and appraisals described above they could discuss their learning and development needs or any issues or concerns they might have. One member of staff said, "We all work well as a team here and get all the support we need from the managers."

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff had received recent training and were able to explain the impact of MCA and DoLS on people living at the home. The management team had made a number of applications to the local authority to deprive some people of their liberty and these had been granted. We saw there were systems in place to ensure timely applications were made to renew the safeguards within the timescales as specified within the authorisations in line with legal requirements.

Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. For example, we observed staff ask people what they would like to eat for their lunch on the

morning of our inspection. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and/or the relevant health and social care professionals involved in their lives. In cases where people could not make important decisions and they did not have relatives to support them, staff told us they had arranged for an Independent Mental Capacity Advocate (IMCA) to represent these individuals. An IMCA is an independent advocate who helps people who lack capacity to understand their rights, access information, express their views and make choices. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Staff supported people to eat and drink sufficient amounts. Several people told us the food they were offered at Beeches House was "good" and that they were always given a choice at mealtimes. Typical comments we received included, "The food is always good here. Best thing about the home", "If you don't want something [food] or don't like what you've been given you can ask staff to cook something else" and "Staff know what food and drinks I like and what I don't because they asked me when I moved in and made a note of it". We observed staff offer people hot and cold drinks at regular intervals throughout our inspection.

We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. These individualised eating and drinking plans had been developed by staff, and where appropriate, with support from community based health care professionals, such as a dysphagia nurse (dysphagia is the medical term for swallowing difficulties). This enabled staff to ensure people received appropriate nutrition and plenty of drinks to ensure they stayed hydrated. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed.

People were supported to maintain their health. We saw care plans each contained a health action which referred to people's health needs and provided information for staff about the potential impact of any health conditions they had. The records were personalised and showed people's health needs and preferences were kept under review. People also had hospital passports. This was a document that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Staff told us if they were concerned about an individual's health they would immediately discuss it with a member of the management team and seek advice from the relevant health care professionals.

Good

Is the service caring?

Our findings

People spoke positively about the home and the staff who worked there. Typical feedback we received included, "It's a great place to live", "I wouldn't want to live anywhere else" and "Staff are very good. Very pleasant all of them". Visiting social care professionals told us their first impression of the home were very good and both felt people who lived there were looked after well by kind and caring staff. Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect and warmth. People always looked at ease and comfortable in the presence of staff.

Staff ensured people's right to privacy and dignity were upheld. We saw staff were respectful and mindful of people's privacy. For example, we observed two members of staff use a mobile privacy screen in a communal area to ensure the dignity of the individual they were supporting to transfer from an armchair to their wheelchair was respected. Staff told us about the various ways they supported people to maintain their privacy and dignity, which included using privacy screens in communal areas when they were helping people with their personal care and ensuring toilet and bathrooms doors were always kept closed when these facilities were in use.

People were supported to maintain relationships with people that mattered to them. People told us their family members and friends were free to visit them at Beeches House whenever they wished. Staff said they were no restrictions on visiting times at the home. Care plans identified all the people involved in a person's life, and who mattered to them.

People's right to choose how they lived their lives was respected. Three people told us they could choose what time they got up, went to bed, the social activities they did, and what they ate and drink. One person said, "I get up when I like and go to bed when I want", while another person told us, "I don't fancy the bacon and liver for lunch so I'm going to have pork".

Records showed people using the service had regular opportunities to participate in the planning of the weekly food menu, social activity schedule and holidays. This information was available in formats that people living at the home could easily understand. For example, we saw people's care and health care action plans, signage throughout the home and the providers complaints policy were all available in easy to read pictorial formats. This helped people understand what they could expect from the service.

People were encouraged and supported to be as independent as they wanted to be. One person told us, "The staff are very good at letting you do things by yourself if you want to, but will always help you out when you ask them." Two people gave us good examples of household chores they were responsible for doing, which included laying tables ready for meals and writing the meal choice that were available each day on a black board menu in the dining room. During our inspection we observed people could move freely around the home with minimal assistance from staff. People were provided with all the equipment they needed, such as wheelchairs, mobile hoists, adapted baths and showers, and a stair-lift. We also saw a herb/sensory garden which had been suitably raised to make the patch wheelchair accessible.

When people were nearing the end of their life they received compassionate and supportive care. We saw information about how people wanted to be supported with regards to their end of life care was reflected in their care plan. Staff confirmed they had received end of life care training and gave us some good examples of how they had supported two people who were nearing the end of their life spent their last days at Beeches House. The management team told us the service was in regular contact with palliative care specialists to seek their advice and input into end of life care matters.

Good

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. Records showed us people attended regular meetings along with their relatives (where appropriate) and professional representatives who were involved in their lives to discuss and plan their care. Information from these discussions were used to develop a person centred care plan for each person, which set out how their specific care and support needs should be met by staff.

Care plans we looked at reflected people's individual needs, preferred method of communication, abilities, preferences and the level of support they should receive from staff to stay safe and have their needs met. The plans also included photographs of the person, additional information about people's background and life history, and the names of people who were important in their lives. These plans provided staff with clear guidance on each person's individual care needs. One member of staff told us, "I do like the new care plans. Much easier to use compared to the old ones." The deputy manager told us that the although transferring all the information contained in the old care plans into the new person centred format was still a work in progress most people's new care plans had been introduced.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. One person told us, "Staff always ask me to join in my care plan review." We saw care plans were regularly updated by staff to reflect any changes in that person's needs or circumstances. This helped to ensure care plans remained accurate and current.

People were supported to pursue activities and social interests that were important to them. People told us they had enough opportunities to engage in activities they enjoyed. Typical feedback included, "I never get bored. I like playing Scrabble with my friend and sometimes I go out shopping with staff", "Always plenty to do at the home. I like watching old films and this afternoon we're all going out to see 'It's a wonderful life' at a local café who are showing it specially for us" and "We play lots of games and sometimes people come and play music for us".

During our inspection we saw two people playing a board game together, staff initiated an arts and craft session in a communal area and people got ready to go out with staff to watch a movie in the afternoon. Regular planned activities included gentle exercise classes, music therapy, art and craft sessions, board games, shopping, and meals out at local cafes and restaurants, walks in the park and day trips to the coast. Care plans reflected people's specific social interests and hobbies people enjoyed.

The provider responded to complaints appropriately. Three people told us if they were not happy about anything at Beeches House they would tell their key-worker or a member of the home's management team. One person said, "I always speak to my key-worker when I'm not happy about something", while another person told us, "We have lots of little meetings with staff when we can tell them stuff we're not happy with". We saw an easy to read copy of the provider's complaints policy was clearly displayed on an information board in the home's lobby. We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the

management team to log and investigate any complaints received which included recording all actions taken to resolve these.

Requires Improvement

Is the service well-led?

Our findings

Records we looked at indicated that in the past 12 months several significant incidents had occurred at the home which had included the death of one person who lived at the home, several falls involving others and the granting of three applications submitted to the local authority to deprive people of their liberty. It was clear from discussions we had with the management team and staff that all the significant events and incidents described above had been appropriately dealt with by the service at the time of their occurrence. However, the provider has a legal obligation to notify the CQC without delay about the death of someone who lives at the home and other incidents that adversely affect the health and welfare of people, such as a serious injury. This meant the CQC might not take prompt action to follow up what the provider has done to deal with such incidents or events because we were not notified about their occurrence in a timely way.

These failures represent a breach of Care Quality Commission (Registration) Regulations 16 (Notification of death of a person who uses services) and 18 (Notifications of other incidents) 2009.

In addition, maintenance and refurbishment work did not always take place when needed at the home. Although people told us Beeches House was a comfortable and homely place to live, the feedback we received about the quality of the interior décor, furniture and soft furnishings was mixed. One person said "I feel comfortable living here, but I think the place needs brightening up a bit", while another person told us, "Although I like the way my room is decorated and I've got all the furniture I need, some of the carpets and walls look shabby. I think the home and some of the paintwork needs sprucing up in places". We saw carpets, paintwork, and furniture, including wardrobes, drawers and radiator covers, in most people's bedrooms and communal areas looked worn and shabby in parts. We discussed the standard of the homes interior decor with the management team who all acknowledged that Beeches House had not been redecorated for many years and was well overdue some refurbishment work. However, we also saw one person's bedroom had recently been refurbished and the operations director confirmed work had begun on refurbishing the entire property, which they planned to have completed by the end of 2016. Progress made by the service regarding this stated aim will be assessed at the homes next inspection.

People told us the service was well run by the home's owners and management team, which consisted of the registered manager/owner, operations director, deputy manager and new trainee manager. People talked positively about how approachable and supportive the management team were. One person said, "The managers are always here. It's like one big family really." It was clear from discussions we had with staff that they also felt the home had an effective management structure in place. One member of staff told us, "Best managers I've had. I think we work really well together as a team."

People were supported to express their views about the home, in particular what they felt the service did well and what they might do better. People could do this through regular care review meetings with staff. Three people told us they often suggested changes they wanted to happen at the home during residents meetings they regularly attended with their peers, the managers and staff. Two people told us at the last 'house' meetings they had asked to see a Christmas movie at a local the cinema which we saw the service had arranged to happen on the day of our inspection. Records showed that people's views and ideas were

well documented and the actions taken by staff in response were recorded. This meant staff ensured people's views influenced how the service was developed so that it met their needs and wishes.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they felt able to speak with any of the home's managers if they were concerned about how the service was being run and were confident they would be taken seriously and listened to.

The home had established some good governance systems to assess, monitor and improve the quality and safety of the service people received. We saw quality assurance records that indicated the management team were responsible for carrying out regular audits of the home. Records indicated these internal audits included routine checks on people's care plans, risk assessments, medicines, infection control, fire safety, food hygiene, staff training and supervision, and staff record keeping. We saw that where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against these actions. The management team told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The registered person had not notified the CQC without delay about the death of a person who used the service. Regulation 16(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the CQC without delay of all the incidents that had affected the health, safety and welfare of people using the service, including injuries and the outcome of any applications made to the local authority to deprive people of their liberty. Regulation 18(2)(4A)