Mrs S Lartey

Beecholme House

Inspection report

2-4 Beecholme Avenue
Beecholme Avenue
Mitcham
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Tel: 02086486681

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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 5 January 2016 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 19 September 2014, where we found the service was meeting all the regulations we looked at.

Beecholme House is a rehabilitation service that can accommodate and provide support for up to fifteen younger males with a past or present experience of mental ill health. The service specialises in helping people to develop the necessary skills to move onto more independent living. The service is divided into a main hostel located at 2-4 Beecholme Avenue where up to 12 people can live and a nearby three bedded 'step down' unit. The step down house is not permanently staffed and people who stay there live more independently than the people living at the main house. There were 12 people living in the main house and one person using the step down service when we visited.

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 did not always maintain accurate records relating to the overall management of the home. For example, we found no recorded evidence in respect of the quality monitoring visits carried out by the providers, action the manager had taken in response to the finding of these audits and the results of any feedback received from people who had participated in the services annual satisfaction survey. This meant it was difficult to determine whether the service was always taking appropriate action in a timely manner to address areas where improvements have been identified.

This was a breach of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us they were happy staying at Beecholme House. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and visiting community based mental health professionals supported this. People's rights to privacy and dignity were also respected.

People were safe living at the home. 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, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

People were actively encouraged and supported by staff to maintain and develop their independent living skills in order to help them move on and live more independently in the wider community.

People's care plans were up to date and contained detailed information about people's support needs. Staff were aware of the risks to people's safety and followed management plans to minimise those risks.

Staff were suitably trained and supported. Staff were aware of people's preferences and routines and this enabled personalised care to be provided. They were aware of what behaviour people displayed to express their emotions and this enabled staff to provide the support people required.

People were supported to maintain social relationships with people who were important to them, such as their relatives and friends. Staff encouraged people to pursue their social and educational interests.

People were supported to keep healthy and well. Staff supported people to access physical and mental health care services and accompanied them to appointments as and when required. Staff also worked closely with community based mental health care professionals to ensure people received all the care and support they needed. There was a choice of meals, snacks and drinks and staff supported people to eat healthily.

People received their medicines as prescribed and staff supported people to manage their medicines safely.

There were enough suitably competent staff to care for and support people. The manager continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of everyone staying in the main house and the step down service.

Staff supported people to make choices about day-to-day decisions. The manager was knowledgeable about the Mental Capacity Act (2005) supported people in line with this legislation.

The service had a clear management structure in place. We saw the manager led by example and was able to demonstrate a good understanding of their role and responsibilities. The views and ideas of people using the service, their relatives (where applicable), professional representatives and staff were routinely sought by the manager and used to improve the service they provided.

People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The manager routinely 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. 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. The manager monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

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. The manager understood their responsibilities in relation to mental capacity, Deprivation of Liberty Safeguards (DoLS) and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with community based mental 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.

Staff were caring and supportive and always respected people's

privacy and dignity.

Staff were knowledgeable about the people they supported, which included their personal preferences and routines.

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.

Is the service responsive?

Good

The service was responsive.

Staff supported people in line with their care plans. They were aware of what support people required and what aspects of daily living people were expected to undertake independently.

People had regular opportunities to participate in a wide variety of meaningful leisure activities 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 did not always maintain accurate records relating to the overall management of the home.

The manager was proactive in making changes and improvements that were needed in the home. People using the service, staff and visiting professionals spoke positively about the manager and the way they ran Beecholme House.

People's views, including those who used the service, staff working at the home and external health and social care professionals were welcomed and valued by the manager.

The manager checked the quality of care provided to people. On-going audits and feedback from people were used to drive improvement.

Beecholme 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 5 January 2016 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. We also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with eight people who lived at Beecholme House, two visiting community based mental health nurses, the services registered manager, the deputy manager and two care workers. We observed care and support being delivered in communal areas. We also looked at various records that related to people's care, staff and the overall management of the service. This included four people's care plans and three staff files.

Good

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe living at Beecholme House. Typical feedback we received included, "I feel absolutely safe living here", "Most of the guys that stay here get on really well with each other" and "Probably the safest I felt for a long time". The provider had policies and procedures in place which set out the action staff should take to report any concerns they might have. Other records showed staff had received up to date safeguarding adults training, which the manager and other staff we spoke with confirmed. Feedback we received from staff demonstrated they understood the different types of abuse, what constituted abuse and what action to take if there were suspicions or allegations of abuse.

Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised in the past, the registered manager had taken prompt and appropriate action to report this to the relevant local authority. Following an investigation into a recent safeguarding incident, an action plan was put in place and implemented by the manager that made it clear what staff needed to do to prevent or minimise the risk of a similar incident reoccurring.

The provider identified and managed risks appropriately. Assessments of risks were undertaken and management plans were developed to instruct staff about how to minimise those risks. For example, some people behaviour might challenge the service from time to time. Care plans contained detailed guidance to help staff prevent and/or manage these behaviours. We saw staff had recently received preventing and managing challenging behaviour training and were able to explain how they would support people when they behaved in way that challenged. . The manager told us they worked closely with other health and social care professionals to try and identify triggers to people's behaviour and how they could support the person to prevent the behaviour from occurring.

There were arrangements in place to help people who lived at the home, their visitors and staff deal with emergencies. For example, we saw everyone had a 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.

The premises were well maintained which contributed to people's safety. Checks were in place to ensure a safe environment was provided. This included ensuring fire alarms and extinguishers were regularly tested and/or serviced in accordance with the manufacturer's guidelines. Staff were aware of fire evacuation procedures. We saw a risk assessment had been carried out in respect of the homes fire safety arrangements Staff demonstrated a good understanding of their fire safety roles and responsibilities.

There were sufficient staff deployed in the home to meet people's needs. People said there were enough staff available when they needed them. One person told us, "Staff are on duty at the home 24/7", while another person said, "There's always at least one member of staff working in the home you can talk to if you need them". Throughout our inspection we saw staff were always available in the communal areas or the office and responded promptly to people's requests for assistance. For example, on one occasion we saw the manager was quick to take time out from doing administrative tasks in the office to arrange a meeting

with a person who had requested to speak with them urgently. The manager told us they had introduced a new 8am to 2pm shift which ensured there were more staff working across the day. This meant there was more flexibility within the team to enable staff to spend more time supporting people. Staff gave us several examples when additional staff had been deployed in the home to ensure enough staff were always available to accompany people on pre-planned healthcare appointments or community based social activities.

The manager told us each day a member of staff who was on duty in the main house was assigned the task of spending a couple of hours of their shift visiting people living in the nearby drop down service. This was to check how these individuals were coping living more independently, as well as to offer them any advice and support they might need. It was easy to identify these daily visits by staff to the drop down service from the weekly staff duty rosters.

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.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were safely stored either in lockable cupboards in people's bedrooms or in a locked medicines cabinet or fridge in the home's clinical room. Each person had their own medicines administration record (MAR) sheet which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets were completed correctly. Checks of medicines in stock confirmed people were receiving their medicines as prescribed. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was assessed annually.

Good

Is the service effective?

Our findings

People received care and support from staff who were appropriately trained. People told us they felt staff knew what they were doing. One person said, "I think all the staff that work at the hostel are good at their jobs." Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included a thorough induction and mental health awareness. Staff spoke positively about the training they had received. One member of staff told us, "When you start working here you're given a staff handbook and have to shadow experienced members of staff so you understand what's expected of you", while another member of staff said, "The training I've received here is always relevant and there's plenty of it."

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual supervision meetings with the manager and group meetings with their co-workers. Staff told us they felt supported by the homes manager and had regular opportunities to discuss their learning and development needs and any work related issues or concerns they might have. One member of staff said, "I think we are good at supporting one another here."

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 the manager had received recent training and were able to explain the impact of MCA and DoLS on people living at the home. 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.

Staff supported people to eat and drink sufficient amounts. People told us staff helped them cook some of their meals, but there was an expectation that they prepared their own breakfasts and lunchtime meals, as well as do their own food shopping. This was part of their care plans to promote their independence. One person said, "I buy all my own food locally. We've each got our own lockable cupboard in the kitchen to keep our food in", while another person told us, "We have a healthy eating group here every week where we learn about how to cook healthier food. Staff help me cook my dinner in the evening, although I know a lot of people here do it themselves." Throughout our inspection we observed people were free to prepare snacks, meals and drinks in the kitchen whenever they wished. One person told us, "I tend to have just a

sandwich for my lunch, but today I might eat out at a café a bit later."

People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. For example, it was clear from information contained in care plans who did not eat pork or beef. Staff demonstrated a good awareness of people's specific dietary requirements.

People were supported by staff to maintain their physical and mental health. People told us they were in regular contact with various health and social care professionals, including community and hospital based mental health nurses and social workers. One person said, "Staff helped get me an occupational therapist when I hurt my leg", while another person told us, "Staff were quick to get me an out of hour's appointment with a doctor when I was in pain recently." During our inspection we observed the manager help someone arrange a date for their pending operation at a local hospital. We also received positive feedback from visiting mental health professionals who both told us Beecholme House provided their clients with a good service. One said, "I visit the home at least once a week and have a lot of time for the manager and her staff team who always work well with us and implement my clients care programme." The other told us, "I'm very impressed with the home. This is the right place for my client." Records showed us staff supported people to access their GP, community psychiatric nurses (CPN) and to attend hospital appointments. Staff told us they arranged for people to have regular health checks and medicines reviews.

Good

Is the service caring?

Our findings

People spoke positively about the home and were enthusiastic about the kindness and professionalism shown by the staff who worked there. People typically described staff as "kind" and "caring". Comments we received included, "This is one of the best hostels I've stayed in", "The staff are really helpful. Can't fault any of them" and "This place has helped me get back on my feet. I'm hoping to move on soon. I can't thank the staff enough for all the help they given me." Throughout our inspection we heard conversations between and the people living at the home and staff were characterised by respect, warmth and compassion. People always looked at ease and comfortable in the presence of staff. We saw several good examples of staff sitting and talking with people in a very relaxed and informal manner.

Staff ensured people's right to privacy and dignity were upheld. People told us they had been given keys to lock their bedroom doors and cupboard where they kept their medicines and groceries. People also told us staff were respectful and always mindful of their privacy. One person said, "Staff leave me alone if I tell them I just want to relax in my room", while another person told us, "Staff do have keys to our bedrooms, but I'm sure they would only use them if there was an emergency". We observed staff knock and ask for people's permission before entering their bedroom. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included not entering people's bedrooms. One member of staff gave us an example of how they had promoted one person's dignity by encouraging them to apply their medical creams independently in the privacy of their own bedroom.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. People told us staff respected their cultural and spiritual needs. One person said, "Staff sometimes help me make vegetarian meals because they know I don't eat meat", while another person told us, "I don't eat pork and staff make when meat is being cook its Halal." Records indicated staff had received equality and diversity training, which the manager confirmed. One member of staff told us this training had helped them understand more about the diverse cultural and spiritual needs of the people using the service. For example, staff were aware of the various religious Faiths people practised the importance of specific Holy dates and accompanying festivals, such as Christmas, Ramadan and Diwali.

People were supported to express their views and to get involved in making decisions about the care they received. People told us staff were "good listeners'' and that they were able to share their views about the care and support they received through day-to-day contact with them. People also told us they regularly attended house meetings with their fellow peers and the manager to decide what they felt went well at Beecholme House and what the home could do better. Two people gave us good examples of changes they had wanted to make to the interior décor of their bedrooms, which we saw had been implemented by the manager.

People were supported to maintain relationships with people that matter to them. One person told us they were free to visit their girlfriend. Mental health professionals we spoke with told us they were regular visitors to the home and were always made to feel welcome by the staff who worked there. One visiting professional told us, "The manager is very friendly and approachable." Care plans identified all the people involved in a

person's life and who mattered to them.

People were encouraged and supported to maintain and develop their independent living skills. One person said, "Your expected to do your own food shopping and make your own breakfast and lunch". Another person told us, "Staff are teaching me how to cook healthy meals and look after my money better so I can eventually live in my own place." Three people gave us good examples of how staff encouraged them to manage their prescribed medicines and self-medicate, travel independently in the local community, budget their money and generally look after themselves better. Visiting professionals also spoke positively about how the service promoted independence. Typical feedback we received included, "The staff are very good at ensuring the people who live here develop their independent living skills which will enable people to support themselves in the community" and "If I had to say one thing I thought the service did particularly well it would be helping people develop their independence." We saw the new kitchen had five separate cooking hobs and sinks to enable people to prepare their own meals and wash up after they had eaten. Staff told us they facilitated weekly life skills sessions in the home to help people develop their independent living skills. This included healthy eating and cooking sessions, keep fit and managing money groups.

Good

Is the service responsive?

Our findings

People received person centred care and support. People told us staff encouraged them to help develop their own care plan, which we saw were personalised. Visiting professionals told us the care and support their clients received at the home was person centred. Care plans we looked at were informative and reflected the Care Programme Approach (CPA) which is a type of care planning specifically developed for people with a past or present experience of mental ill health. The plans reflected people's individual needs, 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. The manager told us the service was in the process of introducing a new care plan format, which they hoped would be in place within the next few months.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. These reviews involved people using the service, their relatives (where applicable), the manager and/or staff and professional mental health representative. We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or circumstances. This helped ensure care plans remained accurate and current. Staff told us they ensured any changes in a person's care plan was promptly shared with the manager and staff, particularly where changes to people's needs were identified.

Information about people was shared effectively between staff. We saw senior staff shared information with all the staff who were coming on duty during shift handover meetings. Information passed on included how people had spent their day, details of any planned activities or appointments and any changes in people's care needs. This ensured staff received up to date information about people's needs, which helped them plan the shift.

People were supported to pursue social activities and interests that were important to them. People told us they had enough opportunities to engage in meaningful activities. Typical feedback we received included, "There's plenty to do here", "I go out whenever I want to the local shops or café. Lately I've been doing exercises." and "I never get bored at the hostel. There's always people to talk to, play dominos or watch the telly with". During our inspection we observed staff initiate a game of dominoes with people using the service. We saw there was a detailed calendar of activities available to advise people of what had been planned. Regular planned social activities included playing cards, gardening, cycling, supporting a local football team, going to the library, attending educational courses at a local college and having meals out at local restaurants and cafes. Care plans reflected people's specific social interests and hobbies they enjoyed.

The provider responded to complaints appropriately. People told us if they had any concerns or issues they felt comfortable raising them with the manager or any of the staff who worked at the home. One person said, "You can talk to the manager if you're not happy about something here", while another person told us, "I told the manager I enjoy playing pool and that it was shame the pool table in the lounge was broken. They [the manager] said they had ordered a new table and that I wasn't the first person to mention this." 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. Copies of this procedure were displayed throughout the home. We saw a process was in place for the manager to log and investigate any complaints received so people's complaints were addressed appropriately.

Requires Improvement

Is the service well-led?

Our findings

The provider did not always maintain accurate and accessible records relating to the overall management of the home. People told us the service sometimes used satisfaction questionnaires to find out what they thought the home did well and what they could do better. However, the manager was unable to locate a record of any feedback they had been given and how the provider had responded to the results. Similarly, although the manager told us the services owner and their regional director regularly carried out quality monitoring inspections of Beecholme House; we were unable to find any records in relation to the outcome of these audits. The manager told us that where any issues had been identified during the auditing process this was shared with them verbally and that no action plan was formally developed to record what the service needed to do to improve. We discussed the homes record keeping arrangements with the manager who acknowledged this was area of practice the service needed to improve.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was clear leadership and management of the service. The feedback we received from people using the service and visiting professionals was positive about manager's approach to running Beecholme House. One person who lived at the home told us, "The manager is easy to talk to and she always makes time to speak with you even when she's busy", while a visiting professional said, "The manager is very knowledgeable about the people who stay at the hostel and communication between ourselves and the manager is excellent. We work well together." People told us they could express their views about the home during weekly house meetings or by participating in the services annual satisfaction survey. Two people gave us examples of changes they had wanted to make to the interior decoration and layout of their bedrooms, which we saw had been actioned by the manager during a tour of the premises.

Staff told us the manager was supportive and took on board their ideas. Staff said they were comfortable speaking with the manager and asking questions about the support provided to people. One member of staff said, "The manager's office door is always open and she will always listen to what you have to say." Staff were encouraged to express their opinion and be proactive in implementing new ideas at the home. Team meetings were held monthly to discuss the support provided to people and to speak about what they did well and what they could do better. Staff told us they were encouraged to contribute their ideas in team meetings. Staff gave us some good examples of suggestions they had made at team meetings to help people develop their independent living skills, which had included the setting up of a healthy eating group at the home that met weekly.

Staff also told us that any incidents involving the people using the service were discussed at their team meetings to ensure everyone was aware what happened and the improvements that were needed.

The provider had established governance systems to routinely monitor and improve the quality and safety of the service people received at the home. We saw the manager and designated members of staff carried out regular audits at the home. This included routinely checking medicines management, health and safety, fire safety, and staff training and support.

The manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse, authorisations to deprive a person of their liberty and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not always maintain accurate records relating to the overall management of the service. Regulation 17(2)(d)(ii)