Isand Limited

Beckly House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our unannounced inspection of Beckly House took place on 1 November 2017. At our last inspection we rated the service as 'requires improvement' and identified breaches of regulation relating to the premises and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'safe' and 'well-led' to at least good. At this inspection we found the provider had taken action to improve infection control, maintenance of the premises and governance systems to measure monitor and improve quality. We have now rated these key questions and the service overall as 'good'.

Beckly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beckly House accommodates up to 12 people in one adapted building consisting of two units. The care service has been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. 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, and Beckly House specialises in providing care and support to people with learning disabilities. At the time of our inspection 11 people used the service.

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

Beckly House was clean, well maintained and people told us they felt safe living there. Staff were recruited safely and were present in sufficient numbers to provide timely care and support, including ensuring people could maintain their independence as much as possible.

Risk was well assessed and we saw guidance in place to ensure risks were minimised with as little impact as possible on people's independence.

Medicines were generally well managed, although we have made a recommendation about managing the temperature in the medicines storage room. 'As and when' medicines were well managed, including a minimal use of medicines to manage behaviours which challenged people and others.

Staff understood how to manage challenging incidents safely, and understood how to recognise and report any concerns about potential abuse.

Staff received effective support in the form of induction, on-going training, induction and appraisals.

People's rights to choose and make decisions were supported in accordance with good practice and legislation. Staff asked people's consent before any care or support was given, and we saw people had access to health and social care professionals when needed.

Menus were planned by people who used the service, and we saw people were able to choose and prepare meals for themselves. Culturally appropriate diets were supported.

People were treated with kindness and compassion, and care placed a clear emphasis on people's individuality, dignity and independence. There was a lively and homely atmosphere and we saw people and staff knew each other well. People's cultural and communication needs were well met.

Care plans were person-centred and kept up to date. Staff were well informed about changes in people's needs or health.

There was a good approach to planning and supporting activities which people wanted to participate in. People were provided with information about how to make complaints, however the service had not received any since our last inspection.

There was a clear vision for the service, and we saw records and practice which demonstrated it was embedded in the service. Staff told us the registered manager and senior team were approachable, and we saw people who used the service felt free to go into the office at any time.

People, their relatives and staff were consulted in the running of the home. There was a good and inclusive approach to measuring and improving quality in 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.

The home was clean and well maintained. Risk was well assessed with clear plans in place to show how these could be minimised.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

Medicines were managed safely, although we noted some issues with the temperature at which they were being stored.

Is the service effective?

Good

The service was effective.

Staff were well supported to be effective in their roles. There was a good programme of induction, training and supervision in place.

People's capacity to make decisions was well assessed, and people received appropriate support in line with the Mental Capacity Act 2005.

Meals were chosen and prepared by people who used the service, and we saw culturally appropriate menus were in place where needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion. People and staff had a relaxed and lively rapport.

Private rooms were decorated according to people's preferences and tastes.

The provider was respectful of people's cultural, spiritual and sensory needs.

Is the service responsive?

Good

The service was responsive.

Care was well planned, person-centred and reviewed regularly to ensure people's up to date needs were understood and met.

People decided how they spent their time, and planned and participated in activities they chose.

People had access to information about how to make complaints.

Is the service well-led?

Good

The service was well-led.

There was an inclusive and effective approach to measuring, monitoring and improving quality in the service. People, their relatives and staff were consulted.

The culture in the home was driven by a clear vision for providing good care and support and maximising people's independence.

Beckly 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.

Our inspection took place on 1 November 2017 and was unannounced. The inspection team consisted of an inspector, an assistant inspector and an expert-by-experience with a background of supporting people to use this type of service.

Before the inspection we reviewed all the information we held about the service, including past inspection reports and notifications sent by the provider about key incidents and events, which they are required to tell us about by law. We contacted people who commission services from the provider, safeguarding teams and other bodies such as the Fire and Rescue service and Healthwatch to ask if they had any significant information to share. Healthwatch is an independent consumer champion that represents the views of people who use health and social care services in England. We did not receive any information of concern.

The provider sent us a provider information return (PIR). This 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 the inspection we spoke with the registered manager, deputy manager, regional manager and seven support staff. We also spoke with six people who used the service, and contacted three relatives by telephone. Some people were not able to talk with us to express their specific views about the service, however we spent some time making observations in the home to help us understand the experiences of people who lived there. We looked at records relating to care and support including three people's care plans, medicines records for three people and a sample of information about the running of the home including audits, maintenance records and three staff files.

Good

Is the service safe?

Our findings

At our last inspection we rated this key question as 'requires improvement' and identified a breach of regulations relating to the maintenance and cleanliness of the premises. We asked the provider to send an action plan to show how improvements would be made. At this inspection we identified no concerns in this area and concluded the provider was now meeting this regulation.

We saw people lived in a clean and well maintained home, which had been fully redecorated since our last inspection. A relative told us, "I do feel that the home is clean when I've visited and the parts that I've seen and it is hygienic and sanitary."

We saw there were adequate stocks of cleaning materials, and bathrooms and kitchens were well stocked with soap and paper towels to help ensure good hygiene standards could be maintained. People were encouraged to contribute to the cleaning of their rooms, although staff said they would ensure this was done if people did not want to participate in this activity. We saw records which confirmed staff training in food hygiene principles was up to date, and saw there were appropriate arrangements were in place for storing people's food safely.

People told us they felt safe living at Beckly House. One person said, "I like it here and I feel safe with the staff." Another person told us, "I like living here and I do feel very safe." We saw records which confirmed fire evacuation systems were tested and serviced regularly, and staff told us there were regular fire drills.

We saw there were safe recruitment practices in operation at the home. Staff files we looked at contained evidence of background checks being made, including requesting references and making checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. We saw one return from the DBS included details of spent convictions. We could not see how this potential risk had been assessed. The registered manager forwarded this risk assessment to us after the inspection.

Staff we spoke with understood how to recognise signs of potential abuse, and how to report any concerns. They told us they had confidence the registered manager would act on any concerns raised to them, and knew they could also make reports to other bodies such as the local authority or Care Quality Commission (CQC). We saw training in this area was kept up to date, which meant the provider was ensuring staff had annual reminders of the importance of protecting people and the systems in place to ensure policies were followed at all times. The provider's approach to care ensured people were not discriminated against; care plans showed how people received care and support which met their individual needs.

Accidents and incidents were reported in a timely way, and we saw the provider had a lessons' learnt culture which involved discussions of any incidents in staff meetings and sharing of information during monthly governance meetings for registered managers of all the provider's services.

The provider had undertaken assessments of risks associated with the premises and taken appropriate

action to ensure these had been minimised. Care plans we looked at contained a number of risk assessments which were detailed, personalised and showed how people should be supported in ways which minimised risk and restrictions on people's freedom and control. We saw the emphasis was on supporting people to live their lives in the ways they wished, and guidance to staff showed how people could be supported in ways in which risk was minimised. A member of staff told us about the balance of risk and independence. They said, "[Name of person] likes to walk [to places in the local community] by themselves, but doesn't like to get the bus by themselves. That's their choice."

People told us they received their medicines when they needed them, and we saw appropriate consent had been obtained for staff to administer these to people. One person told us, "I have five tablets at night and three in the morning. There has never been a problem getting my meds."

We saw medicines were securely stored, and arrangements were in place to ensure timely deliveries were made. This meant people were not put at risk by medicines not being available when they needed them. Stock control systems were in place, such as regular audits and running counts of medicines as they were administered, which meant errors could be identified in a timely way. We saw records which showed staff training in the administration of medicines was kept up to date.

Staff made regular checks on the temperatures of the medicines store room and fridge. We noted these had regularly exceeded 25 degrees, which is the maximum recommended temperature for storing medicines which do not require refrigeration. Although we saw details of action taken, such as the use of fans to cool the room, we recommended the provider take action to ensure medicines were stored in a room where the temperature could be maintained within safe limits.

We checked a sample of medicines administration records (MARs) and saw these were fully completed with no gaps. We found one MAR which listed a cream which the person no longer used. Staff told us this was because the pharmacy had not updated the MAR which they supplied to the home when medicines were delivered. Then registered manager told us they would amend the MARs and raise the issue with the pharmacy responsible. Some medicines require additional recording and secure storage due to the nature of the drugs they contain. We saw appropriate control measures were in place.

Some people were prescribed 'as and when' medicines, such as those for pain relief. These are also known as PRN medicines. We saw there were protocols in place to explain to staff when and how the person may require these. Some medicines were prescribed for times when people may experience behaviours which challenged them or others. We saw there was a very low use of these, and we saw protocols in place which placed the emphasis on the use of de-escalation techniques rather than the use of medicines. Staff we spoke with were familiar with the content of these protocols, and said they were not allowed to give medicines to assist with behaviours that challenge without consulting the senior person in charge.

We saw care plans contained detailed and personalised information relating to behaviours that challenge, including guidance for staff to follow in order to protect people and others safely. Staff we spoke with confirmed restraint was rarely used. One member of staff told us, "I had restraint training two weeks ago but it's very rare we use restraint. We just try everything we can to comfort and de-escalate. However, if it was absolutely necessary I would feel confident to [use restraint]." Another member of staff said, "Occasionally we have to restrain but these are mainly isolated incidents, we try everything we can to avoid this. Most residents' [behaviours that challenge] can be de-escalated very quickly; we have good routines in place so we can avoid that type of situations."

Good

Is the service effective?

Our findings

We looked at records relating to staff support. We saw staff completed a comprehensive induction which included the Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their working life. As a part of their induction we saw new staff spent time shadowing more experienced members of staff, to help them understand how care and support was delivered. New staff did not begin working without this oversight until they and senior staff were confident in their ability to do so effectively.

Records showed staff received comprehensive training, including for safeguarding, management of aggression Management of Actual or Potential Aggression (MAPA),manual handling, medicines and specific conditions such as autism and epilepsy. We saw there were plans in place to ensure staff received timely refresher training to ensure their knowledge remained up to date.

Staff received further support in the form of regular supervision and appraisal meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 observed staff giving people choices and asking for consent before providing any support or care, and people we spoke with confirmed they made decisions which were respected. Care plans we looked at contained detailed, decision specific assessments of people's capacity which showed how people, their relatives and advocates had been involved. Where people were assessed as lacking in capacity to make decisions, we saw there was a record to show how appropriate decisions had been made which were in the person's best interests.

Where best interests decision had been made we saw the documentation included a review of whether a DoLS was needed if this was not in place already. We saw records which showed the provider had applied for DoLS when this was appropriate, and where conditions had been placed on these were being met. Where necessary people's care plans referred to the presence of a DoLS, and included guidance for staff to ensure conditions were met.

People told us about meals they prepared and ate in the home. One person said, "I love cooking, I really enjoy trying to make different things." We saw healthier eating was a topic discussed at regular meetings attended by people who used the service, and we saw the week's menu plan looked balanced in terms of the foods people had planned to cook. There was a file of recipes which people had made and enjoyed, and people told us they had a weekly meal where one person chose the menu and everyone, including staff, ate together. A member of staff told us, "They are great meetings and everyone gets involved about likes and dislikes of food and we learn a lot about the things people want to eat."

People had support to follow the diet of their choice. For example, we saw culturally and medically appropriate diets in place, and one person told us they were helped to follow a diet which supported their wish to lose weight.

Care plans evidenced people had access to health and social care professionals when necessary, and people told us this was the case. One person said, "The staff are good, and when I needed the doctor, he was sent for quickly." We saw people accessed a range of health care professionals including speech and language therapists, GPs, psychiatrists and dentists. Where advice had been given as a result of any appointments we saw this was incorporated into people's care plans.

Good

Is the service caring?

Our findings

Without exception we saw people were treated with kindness and compassion, and people confirmed this was always the case. One person told us, "The staff are kind and I do think they care for us." Another person said, "I think the staff respect me and they chat with me a lot. We talk about football. I watch a lot of footy."

Care plans emphasised people's individuality and placed emphasis on the kinds of support people needed in order to live with as much control and freedom to maintain or increase their independence as they preferred. For example, risk assessments were called 'positive risk assessments', which focused on how to support people to do things safely rather than imposing restrictions. Relatives we spoke with confirmed the service had a person-centred culture. One relative told us, "I have always found the service to be caring and compassionate. They have helped [name of person] be as independent as they can be." We saw people were able to access the community, for example to go shopping, go to the gym, accessing education projects and to work. One person told us, "I'm independent, I can go wherever I want. I enjoy going out by myself, I go wherever on my own."

Staff spoke with pride about people whose independence they had seen improve, expressing delight on behalf of people who they had seen become more independent since using the service. One member of staff told us, "[Name of person] has changed so much. It's brilliant to see them getting on with things they want to do."

We saw people and staff had a lively rapport which contributed to a relaxed and homely atmosphere, where people were encouraged to be as independent as possible. We saw people enjoying preparing their own meals and snacks, and people made clear choices about how and where they spent their time. Relatives we spoke with confirmed this was the case.

We saw people had been encouraged to choose décor in their rooms to enable them to live in an environment which reflected and celebrated their identity. Rooms were highly individualised in terms of colour schemes and furnishings such as bedding, storage and curtains. Staff told us they encouraged and supported people to keep their rooms clean, but emphasized the importance of people choosing whether, for example, people made their beds or how much order they liked in the way their possessions were kept. One member of staff said, "The room won't be that tidy, but that's how [name of person] likes it. It's their room. No one tells me how tidy my bedroom needs to be, why should it be any different here?" One person told us, "I love my room. It's comfortable." Another person said, "I really like my bedroom, I chose everything myself." A relative told us, "[Name of person] loves their bedroom and the independence they feel they gets living there."

The registered manager characterised their approach to the culture at Beckly House by telling us, "This may be our workplace, but it's people's home first and foremost." We saw people felt free to come to the office to ask questions or chat informally with the management team throughout the inspection.

People told us they were supported to maintain contact with families. One person told us they regularly

went to stay with their family, and we saw arrangements had been made to ensure people could meet with visitors in private when they wanted. A relative told us, "There's never been any problem with visiting. I can call at any time, day or night really."

People were encouraged to express their views, and care plans we looked at showed the service had invested time and effort into understanding people's individual needs, including ensuring staff had access to information about how to support people to express themselves. People's communication plans were highly individualised. For example, we saw one person used Makaton, which is a language programme designed to assist people who may not be able to communicate effectively by speaking. The person had developed their own expressions or slang, and their care plan drew attention to this and how staff should learn this person's preferred expressions. Care plans contained a high level of detail to show how to communicate with people effectively, including how each person expressed emotions such as happiness, sadness and frustration. There were clear plans in place to show what support people with sensory impairments needed in order to participate in day-to-day activity on an equal basis. For example, one care plan we looked at gave staff clear guidance as to how they should speak in order for the person to hear them clearly, and what size text should be used for any printed materials. This meant the provider had invested time in helping people teach them about ways in which they preferred or needed to communicate.

People's personal, spiritual and cultural needs were embedded into care plans, which documented how much support people needed to maintain this part of their identity, including any impact on support such as diet and accessing places of worship. Care plans showed how people were supported to participate in festivals such as Easter, Christmas and Eid. The importance of time with families at these times was also emphasized. For example, we saw one person's care plan included prompts for staff to ensure the person planned and purchased gifts for key people in their lives. This meant people were fully able to participate in cultural events important to them. In addition we saw care plans contained sensitively written information to show how people wanted to express their sexuality, and how staff could provide discreet and caring support.

There was a strong focus on people's privacy and dignity in the ethos and actions of the service. We saw things that may have made the building feel less homely was kept to a minimum, for example there was no branding at the exterior of the property, corporate information on display was kept to a minimum and staff wore casual clothes. Staff were discreet when talking to people about issues related to care and support, and lively and relaxed when chatting with people about less personal matters such as events in the person's day or their interests. For example, we saw staff give gentle and supportive reminders to people about the need to be aware and respectful of other people's personal space. People told us they felt staff were always respectful of their privacy and dignity. One person said, "[Names of staff members] are nice to me, they ask me before giving help and knock on my door before coming into my room." Another person told us, "Staff give me privacy when I want time on my own."

Good

Is the service responsive?

Our findings

Care plans were detailed, person-centred documents that presented a clear picture of each individual person, their needs, preferences for support and care and goals which they wanted to achieve. There was a thorough pre-assessment of these needs carried out before the person began using the service. We saw detailed plans had been written for a range of needs and conditions. For example, in one care plan we saw a detailed plan relating to care and support for autism which explained how the condition affected the person, the impact on their sensory experiences and communication and how to motivate the person to overcome some of the interpersonal challenges they faced.

We saw staff had access to people's care plans at all times, and there was a detailed handover process which ensured they had access to up to date information about people's routines and support needs when they started their shifts. Where people had capacity to do so we saw they had been involved in the writing of their care plans, and we also saw people's families and advocates involvement where appropriate.

People were consulted about how they wished to spend their time, and we saw they wrote plans for each week with staff support. These were presented in formats which made them accessible to people. We saw people took part in a wide range of supported and independent activities including sports, parties, holidays and trips into the community and further afield. We saw there were no barriers to people participating in activities, for example we saw one person's cultural dietary needs had been planned for to enable them to attend a barbecue with other people.

Staff told us about how people were involved in activities. One member of staff said, "All residents are encouraged to take part and get involved; it's just a settled home. If residents ask for something it can be organised, everyone gets a say. It is really important that everyone has a choice."

We saw there was a copy of the complaints people accessible to people, although no one we spoke with who used the service told us they had ever needed to use it. We saw in the minutes of one residents meeting that a person had said they did not know the process for making a complaint. We saw records that showed their key worker had spent time explaining this to them. One relative we spoke with told us of some concerns about an incident involving a person which they believed had not been well managed, however when we asked for records of this we saw evidence the provider had responded appropriately. The service had not received any complaints since our last inspection.

Care plans contained detailed and sensitive information about the care people wished to receive at the end of their lives. The provider assessed people's understanding of the concept of ageing and death to help form these plans. We saw information relating to personal, religious and cultural requirements had been obtained from people and their families, meaning people's wishes and traditions could be respected. There was no one receiving end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. They were supported by a deputy manager and senior care staff, and we saw the regional manager also visited regularly. When we asked about their vision for the service they told us, "We want people to be as independent as possible with the best opportunities they can have. Everyone should be happy and get everything they deserve." We saw evidence of this vision in action in records we looked at, feedback we got from people and observations we made during the inspection. One member of staff told us, "We promote service users independence and decision making at all times. We are always in dialogue with service users that live here and service users are comfortable with telling us what they would like. This is facilitated as best we can whilst, of course, managing risk."

Staff told us the registered manager and other members of the management team were approachable, and had an 'open door' policy. A member of staff told us, "I do feel supported by [name of registered manager] and I do feel comfortable raising concerns. [The registered manager] doesn't just stay in the office, it's always an open door policy, and service users can wander in and out. It's just a really nice environment." Another member of staff told us, "I would recommend this as a place to work, staff put the residents first."

People and staff were consulted in the running of the home. We saw there were regular resident meetings held by the registered manager where aspects of the service including service quality, activities and menus were discussed. There was a 'you said, we did' display in the home which showed suggestions that had been made and the action taken as a result. In addition there was an annual survey sent to people and their relatives in accessible formats. The most recent had been undertaken in January 2017, and we saw a high level of satisfaction had been recorded. Where people had not given the highest level of feedback in response to certain questions, the registered managed had prepared an action plan to ensure improvements were made. We saw all the actions identified had been completed.

There was also a programme of regular staff meetings to enable the registered manager to receive and act on feedback raised. Staff we spoke with said they were asked for items to include on the agenda of meetings if they were unable to attend. Staff told us about issues they had raised recently including covering at other homes owned by the provider.

The registered manager undertook a range of audits in the home to enable them to measure, monitor and improve quality. These covered areas including health and safety, medicines, risk assessments and infection control. There was a plan in place to show which quality monitoring activities needed to be completed on a daily, weekly and monthly basis. We looked at a range of audits and saw these were up to date, with actions identified and completed as necessary. In addition the regional manager completed an unannounced 12 weekly audit of the service, and held weekly dial-in meetings for registered managers in their services to discuss quality including audit outcomes and lessons learnt, for example in response to any incidents which had occurred.