The Bevern Trust

Bevern View

Inspection report

The Willows
Barcombe
Lewes
BN8 5FJ

Tel: 01273400752
Website: www.bevernview.org

Date of inspection visit:
08 June 2018
14 June 2018

Date of publication:
17 September 2018

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

We inspected Bevern View on 8 and 14 June 2018. The first day of the inspection was unannounced. We previously carried out an inspection at Bevern View in March 2017 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks to people's safety were not always well managed. The requirements of the Mental Capacity Act 2005 were not always followed and decision specific mental capacity assessments were not always in place. People's dignity was not always respected and accurate and complete records were not in place for everybody. The provider sent us an action plan to tell us how they would address these issues.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements, and check that the service now met legal requirements.

Bevern View 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. Bevern View is a purpose-built home which accommodates up to 11 people living with profound and complex physical and learning disabilities and communication needs. The home provides nine, full time residential care places, with two places available for short term respite care. At the time of the inspection there were nine people living at the home and one person receiving respite care.

The care service has been developed and designed in line with the values that underpin the 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. Although Bevern View provides accommodation for more people than recommended in Registering the Right Support this did not impact on people because they received care and support that was person centred.

There was no registered manager at the service. However, there was a manager working at the home and responsible for the day to day running of the service. They were in the process of registering with Care Quality Commission. 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.

We found improvements were needed to some aspects of record keeping. This was to ensure best interest decision discussions, in relation to mental capacity assessments and consent, were recorded. Other records were well completed.

People received care and support that was exceptionally person-centred. People were supported to live their lives to their full potential and get enjoyment from each day. They were supported to live full and busy

lives. They took part in a wide range of activities of their choice. These were meaningful, were fun. This had a positive impact on people's well-being.

Staff knew people really well. They were passionate about ensuring people received the care and support they needed. They promoted people's independence and treated them with kindness, understanding and patience. People were supported to make their own decisions and choices throughout the day. There was a happy and enjoyable atmosphere at the home.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after. There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff understood the procedures in place to safeguard people from the risk of abuse and discrimination. There were enough staff, who had been safely recruited, to meet people's needs.

Staff received training to enable them to meet the needs of people who lived at the home. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were supported to maintain good nutrition. Staff understood people's nutritional needs and supported them to have enough to eat and drink throughout the day.

People were supported to maintain good health and were able to access healthcare services when they needed them.

There was a positive culture at the home and the staff team worked well together. There was a quality assurance system in place to identify and improve aspects of the home. The manager and provider understood what was needed to improve and develop the home.

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.

There were enough staff, who had been safely recruited, to meet people's needs.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff understood the procedures in place to safeguard people from the risk of abuse and discrimination.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to enable them to meet the needs of people who lived at the home.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good nutrition.

People were supported to maintain good health and could access healthcare services when they needed them.

The home was purposely built and designed to meet people's needs.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected.

Staff knew people well and treated them with kindness, understanding and patience. There was a happy and fun

atmosphere at the home.

People were supported to make their own decisions and choices throughout the day.

Is the service responsive?

Good

The service was responsive.

Care and support was provided in such a creative way that it a positive impact on people's well-being and health.

People were supported to take part in a wide range of activities that they enjoyed and promoted their individuality.

Is the service well-led?

Requires Improvement

Bevern View was not consistently well-led.

Improvements were needed to some aspects of record keeping.

There was a positive culture at the home.

There was a quality assurance system in place to identify and improve aspects of the home.

Bevern View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 14 June 2018. The first day of the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection the provider completed 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 reviewed the records of the home. These included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information regarding the upkeep of the premises.

We also looked at four people's care plans and risk assessments, along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with two relatives and ten staff members, which included the manager and provider. We also spoke with one health and social care professional who visited the service and contacted three further healthcare professionals after the inspection.

We spent time observing people in areas throughout the home and were able to see the interactions between people and staff. We watched how people were being cared for by staff in communal areas, including during mealtimes.

Good

Is the service safe?

Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a prescribed fluid thickener, which is used to thicken drinks to help people who have difficulty swallowing, was left in open reach of people. Prescribed thickeners should be kept locked away to prevent people swallowing them accidentally. We also asked the provider to make improvements to ensure a clear audit of the medicines they had in stock. At this inspection we found improvements had been made and the provider was meeting the regulation.

Relatives told us their loved ones were safe at Bevern View. One relative said they knew their loved one felt safe because of the way their loved one acted at the home. They told us, "(Name) Facetime's us, we see what's going on, we pop in and out and never felt anything (wrong)."

There had been changes to the medicine procedures in that the provider had introduced a computerised system. This provided a balance of stock medicines and was automatically updated each time a medicine was given. Staff told us if an error was made, it would be identified the next time the medicine was due to be given and immediate action would be taken. Prescribed thickener was stored securely within locked cupboards in people's bedrooms when not in use.

Medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR) were computerised and showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and the MAR was ticked as completed electronically after the medicine had been taken. Some people were prescribed 'as required' (PRN) medicines, there were protocols for their use. People took these medicines only if they needed them, for example, if they were experiencing pain. Staff explained to us the safety features on the electronic system. Where specific timescales were needed between medicines the electronic system would highlight this to staff if they tried to give a medicine too early, for example pain relief that had been prescribed as PRN.

Some people needed their medicines to be given in a certain way. For example, via an enteral feeding system. Enteral feeding is where food, drink and medicine is given through a tube in the stomach or small bowel. A percutaneous endoscopic gastrostomy (PEG) tube is passed into a person's stomach by a medical procedure and is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible. Where people needed their medicines to be given in this way this was recorded on the MAR, with guidance about flushing the tube with water after the medicine to ensure the person received the prescribed dose.

Only staff who had completed medicine training and had their competencies assessed were able to give medicines. Each shift one staff member was responsible for ensuring people received their medicines as prescribed.

There were enough staff working each shift to support people safely. There were eight support staff during the day and two each night. During the day there were also physiotherapy staff, an activities and communication co-ordinator, a cook, housekeeping and maintenance staff. Staff and visitors told us there had previously been concerns about the number of staff working at the weekends as they felt, on occasions, there were not enough. The manager told us this had been acknowledged and work had taken place with staff to develop and implement a new rota system. This meant there were now enough staff working each day. There was a whiteboard which helped staff to identify people's support needs for the day. This included what activities people were taking part in, for example hydrotherapy. This meant staffing numbers were in place and staff allocated to ensure people's needs were met. Shortfalls in staffing numbers were covered by staff who worked at Bevern View. One relative told us their loved one received respite care at Bevern View. They said, "(Name) has one to one there and has never not been able to go due to no one to one." Another relative told us there had been a high turnover of staff however, "They (staff) still meet resident's needs."

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received regular safeguarding training and could tell us what actions they would take if they believed someone was at risk of harm or discrimination. They told us how they would report their concerns and understood their own responsibilities. There was information displayed in communal areas to inform people, visitors and staff who they could contact if they were concerned people were at risk of harm from abuse or discrimination. Where concerns had been identified these had been reported appropriately to the local safeguarding team. Staff told us following any concerns, information was shared with the team to ensure they were aware of what actions to take to prevent a reoccurrence.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant information to ensure all staff were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work at the home. Pre-interview checks were also completed. Before staff were invited for a formal interview they were contacted for a telephone discussion. This was to make sure prospective staff were aware of the rural location of the home and to discuss the complex support needs of people who lived there. This helped to ensure staff had information about the post they were applying for.

Accidents and incidents were well recorded. They included information about what had happened, actions taken at the time and actions taken to prevent a reoccurrence. These were analysed to identify any themes or trends. This included additional actions to reduce risks and improve safety. The manager told us they had recently introduced further analysis themselves to ensure there was appropriate oversight.

There were a range of risk assessments and care plans about how to keep people safe. These reflected people's individual identified needs and included skin care, bedrails, moving and handling and use of the hydrotherapy pool. Some people were prone to seizures and care plans contained guidance for staff about how to support them. This included what may trigger a seizure, how this should be avoided, how the person may present before and during a seizure and actions to take afterwards. There was also protocols about medicines that may be given and when this would be indicated.

People required support in relation to their mobility. Care plans included guidance about how to move people safely and ensure they were positioned appropriately for their comfort and safety. There was information about the type of equipment required, this included the type of hoist and sling. Care plans were backed up with photographs of the person and their equipment to ensure staff had detailed and visual guidance when supporting people. We observed people being supported to move in a safe and appropriate way.

Risks associated with the safety of the environment and equipment were identified and managed. People had Personal emergency evacuation plans (PEEPs) so that staff and emergency services had the relevant information to support people in the event of an emergency evacuation. Regular fire checks took place and this included fire drills for staff. There were servicing contracts which included the electrical installation, electrical appliances, water temperature and moving and handling equipment. Security measures were in place and all visitors entering and leaving the service signed a visitor's book. Risks associated with the use of the hydrotherapy pool were well managed. This included support from staff with lifeguard training and regular cleaning and temperature checks.

The home was clean and tidy throughout and daily cleaning checks were completed. There was ongoing maintenance and redecoration at the home and plans were in place to continually improve and develop the environment. There was an infection control policy and other related policies. Protective Personal Equipment (PPE) such as aprons and gloves were available and used during the inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean soiled washing.

Good

Is the service effective?

Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to work within the principles of the Mental Capacity Act 2005 as decision specific mental capacity assessments were not in place. At this inspection we found improvements had been made and the provider was meeting the regulations.

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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. At this inspection we found decision specific mental capacity assessments were in place.

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. Where required, people had DoLS authorisations and these were reviewed. Copies of the authorisations were available to staff.

CCTV surveillance was in use inside some people's bedrooms, including the two bedrooms that were used by people who received respite care. The purpose of this CCTV was to monitor people who were at risk of seizures at night and ensure staff could provide prompt assistance. There was information available which informed people of the use of CCTV and it had been considered within DoLS applications. At the last inspection, for people who received respite care, there had not been consideration given to their mental capacity and whether the use of CCTV was in their best interest or whether there were other options to monitor seizure activity, such as the use of technology sensors. At this inspection we found mental capacity assessments were in place to determine this was in the person's best interest.

The provider told us where people lacked capacity, best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. However, these views had not been recorded. This did not impact on people because the provider and staff were able to tell us how decisions had been made. Relatives also gave us examples of when best interest discussions had taken place and how they had been involved in these decisions. One relative told us about a best interest meeting. They said, "It was a 'model meeting' and we decided not to make a decision." Staff told us how they used their knowledge of people to ensure decisions were made in people's best interests. A staff member told us about one person who required bed rails at night but not during the day. On occasion, the person would indicate to staff that they would like their bed rails up during the day and the person's wishes were respected. The staff member also told us about another person who would potentially show signs of distress if they did not have their bed rails up as they made them feel safe. Throughout the inspection we

observed staff asking people's consent, offering choices and explaining what was about to happen before they provided any care or support.

People had complex needs in relation to their eating and drinking. There was detailed and individual guidance about how to support them safely and effectively. Some people required enteral feeding and there was detailed information about how this was provided to ensure people received the correct nutrition. Staff had a good understanding of what was needed. They told us during the warmer weather people were given extra fluid to ensure they did not become dehydrated. Some people required soft or pureed diets. There was information within care plans about the type of diet people needed and included further information about the position the person should be in when they ate their meals. There was information about any specialised equipment people used such as adapted cutlery, specialist drinking cups and plate guards. Within care plans there were photographs of the equipment people used which helped staff ensure people received the appropriate support. Each person had a place mat at mealtimes that described the type of diet they received and the support they needed. This meant staff had all the information they required to hand. Staff ate with people to promote meal times as a social occasion where everyone sat together and enjoyed each other's company.

Nutritional assessments were completed and reviewed and people were weighed regularly to ensure their nutritional needs were being met. People were referred to and supported by healthcare professionals for example the dietician and speech and language therapist (SaLT). There was information from these assessments and these were used to inform and develop the care plans.

People received support and care that was effective care because care was delivered in line with current legislation, standards and evidence based-guidance. One relative told us, "They (the provider) train up the carers to provide quality care." When staff commenced work at the home they completed an induction. This included information about the day to day running of the home, policies and procedures. They were introduced to other staff including their supervisor and who they were going to be inducted by. They also spent time with the staff member responsible for communication. This gave staff a basic knowledge of how to communicate with each person before they began to support them with their care. There was an induction checklist for each person who lived at the home. These were completed by the staff member to ensure they knew the care and support each person required throughout the day. This was signed by the manager when completed and demonstrated when the staff member was competent to support each person. Induction also included a period of time when new staff shadowed more experienced staff.

Staff told us they received they training they needed to support people. One staff member spoke of the training they received and said, "We get training from proper people, it makes you feel positive and strong without any insecurities." Staff told us they would not be expected to provide care to people if they did not have the appropriate skills. One staff member told us, "If someone went into hospital and required a new procedure we would not accept them back until enough of us had received the training to support them." There was a training programme that included safeguarding, infection control, fire, health and safety and moving and handling. Staff also received training specific to the needs of people at the home. This included enteral feeding and catheter care and were regularly updated. One member of staff had additional skills and was the clinical lead at the home. They provided support to staff and helped ensure competencies were maintained. There was a training plan which demonstrated when staff required training updates and an action plan helped identify and address any staff that had not attended training in line with the providers policy.

Staff told us they received regular supervision. They also told us they felt well supported and were able to discuss concerns with senior staff or the manager at any time. The manager had identified that

improvements were needed to ensure staff received supervision in line with the provider's policy. Therefore, the supervision plan was monitored and reminders were sent to supervisor's. Staff received annual appraisals and these were on-going.

The manager told us in the PIR that the service had a Christian ethos however people were supported to maintain their own beliefs. Staff were knowledgeable of equality, diversity and human rights and people's rights would always be protected. Staff equality and diversity was respected for example if staff preferred not to attend church with people this would be respected as far as possible.

People were supported to maintain good health and received on-going healthcare support. Discussions with staff and records seen confirmed staff regularly liaised with a wide variety of health care professionals. This included the GP, speech and language therapist and dentist. There was a strong emphasis in ensuring people's healthcare needs were addressed promptly. Staff consistently told us of the importance of noticing changes in people's health, however small. They told us some people were prone to developing chest infections and any changes could indicate the person may be unwell. One staff member said, "We are very aware of any changes, we know how quickly these people can deteriorate. Because we know them so well we can act quickly." One relative told us their loved one had been unwell and added, "The carer knew (name) was unwell and that was a bonus." Another relative told us how staff had identified their loved one was unwell and this had resulted in the person being admitted to hospital. They told us staff accompanied the person to hospital and supported the hospital staff to ensure the person received the appropriate care and treatment. Staff told us the local GP regularly visited the home. They knew people well and this helped ensure they received the appropriate support in a timely way.

There was a range of information in people's care plans to help ensure they maintained good health. People had health action plans that contained important information about their health needs. They also identified the health professionals involved in people's care for example, the GP, SaLT and dentist. There was information about when the person had last received well-person checks. People had care passports were used to describe information that might be needed if the person were to go into hospital and included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes."

Disability distress assessment tools (DisDat) had been developed for each person. These tools help identify distress cues in people, who because of cognitive impairment or physical illness, have limited communication. These contained details about how each person may present when they were content and when they may be distressed.

Bevern View had been specifically built to meet the needs of people who lived there. The doorways and corridors were wide enough to allow easy access by people who used wheelchairs. Each bedroom had an en-suite bathroom which was accessible for the individual. There was level access throughout the home and into the garden area which included a variety of plants and colourful plant pots which people had painted. There were overhead tracking hoists. These enabled people who were unable to mobilise independently to have access to all areas of the home. There was a variety of specialist seating available to meet people's specific needs. There was a sensory room and this was well used and well-equipped. It included a variety of sensory items for people to touch and listen to. There were lights and a projector which projected different pictures and views onto the wall.

Good

Is the service caring?

Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's privacy and dignity was not always respected and upheld. At this inspection we found improvements had been made and the provider was meeting the regulations.

At our last inspection we found consideration of how the CCTV was balanced against people's right to privacy and dignity at night time, had not been reflected in people's care plans. At this inspection, we found this had been addressed. Care plans contained guidance for staff to switch the CCTV off when people were receiving personal care. Staff were aware of the importance of ensuring this happened.

At our previous inspection we found staff discussed people's personal needs in front of other people and spoke with people in a way that did not always uphold their dignity. At this inspection we saw staff spoke with people respectfully they used their chosen and preferred name. We heard staff discussing what people liked to be called, this included a new name that a staff member had discovered a person quite liked. Throughout the inspection staff spoke discreetly to people about their personal care needs.

After the last inspection the provider had held a 'dignity week' where staff had explored various aspects of dignity in care. Dignity was discussed at handover; dignity slideshows were shown at the home and daily dignity posters were displayed. One staff member told us the staff team had been surprised by the previous inspection report. However, they had all reflected and had identified how improvements could be made. One staff member said, "We have always been very caring but this made us think about people's dignity and changes have certainly taken place."

When people received personal care, bedroom and bathroom doors remained closed and curtains were pulled over windows. Staff knocked before they entered anyone's bedroom. Not everyone was able to verbally give permission for staff to enter, therefore staff entered the bedroom and explained to the person who they were and why they were there.

People's relatives told us staff were kind and caring. There was a relaxed, happy and fun atmosphere at the home. People and staff appeared to be enjoying themselves and there was a lot of laughter and banter between people and staff. One relative told us their loved one was treated with kindness and respect. They said, "The way that (name) is greeted, the way that they(staff) talk to (name) and not to us." The laughter is incredible (name) comes home with the joy of where they've been, they love it." Another relative said, "Staff are very gentle, they are kind, they are all pleasant." A further relative told us their loved one was, "Excited to come to Bevern View and excited to come home."

Two relatives told us they had observed the care staff provided to other people. One relative said, "I watch staff, the way they talk to people, the kindness and patience they show. I think to myself if they show the same care to (name) I know that (name) is ok here." This relative confirmed their loved one did receive this standard of care and kindness. Another relative told us staff treated their loved one with kindness and

respect. They added, "When I see them (staff) with other people I am impressed."

Staff knew people well. They understood people's care, support and communication needs. There was an emphasis on ensuring people lived a happy and fulfilled life at Bevern View. Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. Care plans were person-centred and reflected people's preferences and support needs. This helped to ensure staff were able to support people in a personalised way. People were pleased to see staff and responded to them in a positive manner. We observed a staff member with one person. The person reached for the staff members hand and put their arm around the staff member's shoulders. Communication with people was kind and appropriate. Staff gave people eye contact and greeted people with smiles. Staff continually demonstrated to people that they were pleased to see them.

Staff were observant to people and were aware of their needs when they were anxious or distressed. Staff saw that one person appeared uncomfortable in their wheelchair. They spoke with the person and asked if they would like to spend some time on the floor. The person was assisted to lay on the floor and still appeared distressed. The staff member laid on the floor next to the person and rubbed the person's back. The person appeared comforted and relaxed on the floor watching videos of their choice.

People were encouraged by staff to make decisions about what they did each day. Choices made were respected and staff understood how each person made choices. One person had poor vision and staff told us to help the person choose what to wear they would touch the fabric of garments on the person's arm and tell them what it was. They would use the person's response to decide what they wore. Staff were reading a book with one person using different voices and the person was very animated. Staff asked the person if they liked the story. The person communicated yes and staff continued.

People were supported to maintain and improve their independence. One person was using a mobility aid to walk independently and staff were quietly and patiently encouraged the person. When the person walked to where they wanted to be staff told the person, "Well done" and were genuinely pleased with the person's success. Another person was looking at colours with staff. Staff were encouraging the person and the 'high-fived' the person to celebrate their accomplishment.

People's families were a fundamental part of their lives at Bevern View. People were supported to maintain contact and some people were able to spend time at home with their families. Family members told us that staff were kind and caring to their loved ones and this kindness extended to them as well. Staff understood the importance of people maintaining this contact. There was information about people's families within their care plans. Some people had social media accounts and they were supported by staff to access these and keep in touch with family and friends. People were supported to maintain their spiritual need and supported to attend church if they wished to.

People's bedrooms and personal space was personalised to meet their individual choices and interests. This included family photographs and other personal items. One person's bedroom had been decorated to reflect their bedroom at home. This helped the person feel comfortable in familiar surroundings. Each person had a large photographic canvas of themselves outside their bedroom to help identify their own room. The canvases had been individually produced to reflect each person's personality. The individuals face was super-imposed onto another character the person related to. For example, one person was portrayed as a king, another as James Bond. People were clearly proud of these photographs.

Good

Is the service responsive?

Our findings

People received support from a service that was good in response to their needs and enabled them to live happy and fulfilled lives. Relatives told us about activities that had been developed to reflect their loved one's interests. One relative said, "(Name) loves the quiz 'the chase' and plays it on their IPAD. (Staff member) created a game on the big screen where (name) is the chaser and all the residents take part." Relative's also said, "I have walked in on occasions they play board games and everyone is involved. It's a fun place socially it has a nice busy atmosphere and all the young people seem so happy." Another relative said, "They go night clubbing, bowling, cooking where they smell things. They go on holiday once a year, they live a quality life. Activities are designed for individual's birthdays, they're huge events where they have special party activities it's very homely for them."

We were shown and told other examples of how activities had been tailored to reflect the individual and also include others who lived at the home. One person had a love of film-making and 'zombies.' This person had been supported to make a movie which included other people who lived at the home, and staff. This had been premiered at a 'red carpet' event at the local village hall. People and staff from Bevern View dressed up and attended. Photographs of the event showed how much people enjoyed themselves. This demonstrated how staff went above and beyond their role to support people and enhance their lives.

People were supported to reach their potential and live fulfilled and happy lives. There was an activities co-ordinator at Bevern View who was incredibly passionate about ensuring people were supported to live happy and fulfilled lives and get maximum enjoyment from each day. This passion and enthusiasm was shared with all staff who had developed a wide range of activities. These were taking place throughout each day and were fun, meaningful and promoted people's well-being.

Staff were committed to ensuring every interaction with people was positive. We saw a group of people engaging in a craft session with staff. The staff sung a welcome song to each person. This included, where appropriate, the use of touch cues and Makaton. Makaton is a language programme that uses hand signs and speech and is used to help support people who have difficulty communicating verbally. People were being supported to produce salt paint pictures. Staff explained this to people, they then shook the salt container so that each person could hear the sound of salt. They then showed each person what the salt looked like and rubbed a small amount, gently, on each person's arm to demonstrate the sensation. They supported people to paint with colours of their choice. A staff member showed us a picture of a flamingo one person had made previously. They involved the person in the conversation and told us the person liked flamingos. The person demonstrated, through smiling, this was something they liked. The staff member told us the person was visually impaired, therefore glittery stickers had been applied to the picture so that when it was hung up in the person's bedroom the sun would catch the shiny paper and the person would be able to see it. Staff used exceptional skills, ideas and patience when supporting people with activities. During the inspection one staff member spoke with us about a new idea they had to use essential oils in paints. They told us this would improve the experience and enjoyment for people who were living with visual impairments.

One staff member told us, "It is very creative here, everything that we do is creative, innovative and inspiring." The staff member explained, "The physio changes what people do, uses new ideas and looks at different ways of supporting people." We saw many examples of this creativity throughout the inspection. Staff explained although people enjoyed painting, the activity also encouraged movement by stretching their arms forward. This helped improve muscle tone and mobility. People needed their positions changed throughout the day. This was to reduce the risk of pressure damage and prevent discomfort from being in one position. We observed people laying on the floor. One person was laying on their stomach and stretching themselves. They then spent time engaging with staff and watching videos on an electronic tablet. Staff explained the importance of this position. It allowed the person more freedom of movement but also encouraged them to strengthen their upper back muscles and maintain and improve their mobility and posture.

Staff were proactive in ensuring people engaged in a variety of activities that were both planned and spontaneous. One staff member told us, the previous weekend, people had been out to the park. Staff who remained at Bevern View decided to set up an outdoors Bistro Café where people could enjoy their evening meal. Each person had a 'busy box' which contained activities and items they liked to engage with. This included books, puzzles and music. We saw people using these at various times throughout the day.

People were supported to use the hydro-therapy pool. Staff told us this was something people really enjoyed and benefitted from. They told us the purpose was to maintain people's mobility and strength however significant improvements had resulted for some people. Staff told us the hydro-pool gave people freedom they did not have 'on land.' For example, people who were unable to walk could swim. We were told about one person who required a mechanical hoist for all transfers and movement. This person was now able to stand and walk in the pool with minimal support and was also able to stand to transfer when 'on land.' The physiotherapist told us this improvement, which was far greater than they expected, and had a profoundly positive impact on the person's life, had occurred over a number of years. It had started with building the person's trust and confidence in the water and with staff. This demonstrated exceptional staff commitment to helping people achieve beyond their perceived potential.

There was a trampoline at Bevern View which was being used for 'Rebound Therapy.' Rebound Therapy was developed to provide beneficial exercise and recreation for people with a wide range of needs. It is used to help movement, promote balance, improve muscle tone and promote sensory experiences. Staff told us people were benefitting from the therapy, but equally importantly, it was something they enjoyed.

Objects of reference had started to be introduced throughout the home and helped to support orientation of people. These included carpet samples by the lounge, a large wind chime by the garden door and a float outside the hydro-pool. Staff told us they used these to help inform people where they were. For example, before people used the hydro-pool staff would give them the float to hold and feel. Staff told us about one person who had poor vision. They would hold the wind-chime for the person to hear and ask them if they would like to go outdoors.

People were supported to communicate in ways that met their individual needs. Although people were less able to communicate verbally we heard constant talking and laughter and observed continual communication between people and all staff. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. We found this standard was being met.

Each person had a communication passport which contained detailed information about how they could

communicate and how staff should communicate with each person. Where people were less able to communicate verbally there was descriptions of what gesture, facial expression or sound they may use and what that meant for each person. Some people were supported to communicate through sensory cues, such as touch. For example, when staff had finished supporting one person with a particular task or an activity had ended they would tap the person once on each knee. Most people required a wheelchair for mobility and mini communication passports were attached to each person's wheelchair. Information was also available in each person's bedroom to guide staff when providing support.

A member of staff was communication lead for Bevern View. They had worked with the SaLT to develop communication systems, to oversee their use, ensure consistency and encourage good practice. They were currently developing 'This is me' booklets in formats that suited each person. 'This is me' booklets we saw were detailed and contained information about the person in a format they were able to understand. Mood boards had been developed for other people. These were used to help people make choices and decisions or explain how they were feeling. Staff would display nine pictures about what they were discussing, using recognised symbols, on the board and people were able to indicate by eye movement their feelings or choices. Where people were living with poor sight, care plans informed staff what objects the person was able to see and how to position these to maximise the person's opportunity to see.

Staff were mindful of continual changes in people's communication needs. They told us about one person, whose ability to communicate using their current system, was deteriorating. Staff were proactively researching and developing an alternative system that could be used. They recognised the impact this deterioration would have on the person and told us the person had not yet acknowledged the changes. Staff understood the importance of being able to offer a different system once the person had identified and acknowledged they needed different support. The manager was proactive in ensuring different ways of communicating with people was explored. They were currently looking at different ways to gather more formal feedback from people who were less able to communicate.

People's choices and preferences were identified, recorded and reviewed as their needs changed. Their choices and preferences were identified and recorded within their care plans and these were used to ensure they received personalised care. Care plans included eating and drinking, continence, health, mobility, communication and skin care. Care plans also included detailed risk assessments based on identified and assessed risks. Care plans provided very detailed guidance for staff and where appropriate included photographs to support and guide staff. People's and their relatives were involved in developing and reviewing the care plans. People's choices and preferences were paramount throughout the care plans and the care and support they received. One relative told us, "I went when the new manager started and went through it with them." Another relative said, "They (staff) plan it and see if I'm happy with it and adapt it accordingly to (name's) needs."

There was information about each person's daily routine. This included how the person liked to be woken up and how to enter the bedroom each morning. For example, one person liked staff to enter gently and greet them calmly. Staff told us how some people liked to listen to music or watch sensory lights when they woke up. Care plans contained detailed information about how to support people with personal hygiene. They reminded staff to use sensory cues, such as a flannel, to inform people when they were going to have a bath. There was also guidance about how to get people dressed. For example, to use touch cues, touch from the person's shoulder to waist, when putting on a jumper. Guidance included details about which arm to put in the jumper first and reminders for staff to keep talking to the person and tell them everything that was going to happen. Where people were able, care plans informed staff what the person could do and how to support them to achieve what they wanted. This helped to ensure people received consistent support as detailed information was available to staff. Throughout the inspection we saw people received the care and

support they needed in line with their care plan.

People had individual activity plans in their care plans and these were based on people's hobbies, interests and what they enjoyed doing. There was an activity plan displayed on the wall. This included a photograph of each person and a picture of what they were doing. This was updated regularly throughout the day.

There was a complaints policy in place. There had been no recent complaints however the manager identified there had been a number of concerns raised. Therefore, a concerns book had been introduced where issues that had been raised would be recorded. The manager told us this would prevent concerns escalating to formal complaints. It would also help to identify if there were any themes or trends developed in relation to people's concerns.

Bevern View had been developed to provide people with a home for life. At the time of the inspection no-one was receiving end of life care. However, this would be provided when it was required. The manager told us in the PIR that further training for staff in end of life care was being sourced. This was to ensure staff maintained and updated their knowledge and skills to support people and their relatives.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate, complete and contemporaneous records had not been maintained. At this inspection we found improvements had been made and the provider was meeting the regulations. However, further improvements were required to ensure all aspects of the service were well-led and improvements made fully embedded into everyday practice.

There was no registered manager at Bevern View however, there was a manager who had commenced the registration process with CQC. They had worked at the home for a few months and had good oversight of the service. They knew what was required and areas that needed to be developed and improved.

At the last inspection daily monitoring sheets were not completed consistently. At this inspection we saw records were well completed, for example bowel monitoring charts. Staff told us they understood the importance of completing charts because if people became constipated they could become very unwell. At the last inspection it was identified that care plans for people who used the service for respite care were not as robust as for people who lived at the home permanently. Improvements had been made and care plans now contained all the information staff needed to support people. However, we identified that risk assessments for some people receiving respite care had not been recently reviewed. The manager told us they were aware of this and work was ongoing to address this. These were updated during the inspection.

Whilst people's care plans contained detailed information, we found best interest decision records were brief and did not include feedback from people, their relatives, staff or professionals. From conversations with relatives and staff it was clear these decisions had been discussed. We also saw a document in which a relative had given consent on behalf of a person. The relative did not have legal authority to give consent on this person's behalf. The manager told us they believed discussions had taken place about this but these had either not been recorded or archived. The manager told us this would be addressed.

We received feedback from some relatives about improvements that could be made with regard to communication following incidents. The manager was aware of these concerns and was working to address these issues. This included arranging meetings with individual relatives and attending Parent Forum's. The provider and manager valued these opportunities and were committed to continually improving and developing the home.

There was a range of audits and checks in place, including audits from an external consultant. The manager had identified that changes may be required to these audits and was developing a system to provide them with more oversight. During the inspection we saw that the alarm in the hydro-pool was only checked Monday to Friday and, we discussed this with the manager. They identified that alarm checks should be completed before each use of the hydro-pool. This had been introduced by the second day of our inspection.

As a result of the audits there was an action plan to address identified issues. This included the training and health and safety action plan. There was also work to be done to identify key-workers in line with the new rota system.

There were a range of meetings where staff and relatives were updated and able to provide feedback. These included trustee meetings, parent forums and staff meetings. Surveys had been completed and results from these were displayed at the home. We saw action had been taken in response to issues raised.

The manager told us in the PIR that service had a Christian Ethos of love and compassion and this was being developed across the service. However, people were supported to maintain their own beliefs and faiths. The manager told us that developing and improving the home was a journey and it was important to ensure they took people, relatives and staff with them on that journey. The manager understood the importance of developing relationships and trust and was developing a well-being program for staff. The manager stated that looking after staff provided the right culture to enable staff to look after people who lived at Bevern View.

There was a positive culture at the home. One relative told us, "I am impressed there is a nice culture around." The manager worked at the home most days and was known by people and staff. Some relatives told us they had had not yet had a meeting and the manager was aware of this. Feedback we received about the manager was positive. One staff member said, "(Manager) is really good for Bevern View, ambitious for this place, firm but fair." Another staff member said, "(Manager) is assertive but kind, things are going to be run as they should be." Another staff member sought us out to tell us they believed the manager was an asset to the home. A relative told us, "(Manager) is the 'best thing' that has happened here." Another relative told us of the support they received from the manager and added, "I feel comfortable that changes are taking place."

Staff all spoke positively of working at the service. One staff member said, "We have so much fun, so many laughs and taking people out is the icing on the cake." Another staff member told us they were well supported. They said, "We're supported by clinical staff, physio's, we get immediate answers to any questions, if someone becomes unwell we can act immediately." All staff were committed to ensuring people lived happy and fulfilled lives.

Staff were aware of their roles and responsibilities. They were updated about changes in people's needs at shift handover and throughout the day. There were arrangements in place that provided on call managers and senior staff to provide advice and guidance to staff every day and night if required. There were a range of policies and procedures. These were available to all staff and reflected current legislation and best practice guidance.

There had been commitment by the provider and trustees to ensure Bevern View was integrated into the community and this commitment was on-going. For example, people had taken part in the local flower show and won prizes.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure to respond appropriately to notifiable safety incidents that may occur in the service.