Care Quality Commission

Care Network Solutions Limited

Beckdale 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?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of this service on 9 June 2015. When we last inspected the service on 26 June and 1 July 2014 we found that the provider had not taken proper steps to ensure people who used the service had access to information in a suitable format to support their autonomy and independence. We also found the provider did not have sufficient arrangements in place to ensure that people were protected from the use of control or restraint that was unlawful and there were no proper risk assessments in place relating to the care and welfare of people who used the service.

Following the inspection on 26 June and 1 July 2014 the provider sent us an action plan to tell us the improvements they were going to make.

At the inspection on 9 June 2015 we found that satisfactory improvements had been made to promote people's autonomy and independence and found that people were protected from the use of unlawful control and restraint.

We found improvements had also been made to the format of the risk assessments although we made recommendations that they should be more person centred and enabling to support people's autonomy and independence in line with their wishes.

Summary of findings

Beckdale House is a residential care home providing 24 hour personal care and accommodation for 9 people from 16 years of age, with a learning disability and associated health needs. The accommodation is based over four floors which are split into six single self contained flats and one shared flat for three males. At the time of the inspection, seven people lived in the flats and there were two vacancies.

There was a registered manager in post at the time of this inspection. 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.

Support staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A limited system was in place to identify and assess the risks associated with providing safe care and support. We found more work was needed to ensure there were risk assessments in place to enable people to achieve their goals as well as to support them with associated risks through behaviours. We saw risks had been discussed with the people who used the service and action agreed to keep people safe from accidental harm. Where people did not agree this had also been recorded. We have made a recommendation in line with National Institute for Clinical Excellence (NICE) guidance.

Staff working in the home understood the needs of the people they supported. They supported people in making choices and their own decisions as much as possible. Three people living in the home said they were generally happy with the care provided.

Staff understood people's communication needs and supported people to make choices about the food they wanted to eat and activities they wanted to participate in.

We observed that people were supported to carry out household tasks and two people using the services were supported to access the local community during our inspection.

People who used this service received safe care and support from a trained and skilled team of staff. New staff received a comprehensive induction along with regular support and mentoring from more senior staff following their appointment. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported. We observed positive interactions between people and staff. We saw staff being kind and thoughtful, involving people in conversations. Healthcare professionals such as general practitioners (GPs), dentists, opticians, psychologists and psychiatrists were also involved in people's care.

During our visit we saw examples of staff treating people with respect and dignity. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service. Staff told us their managers were approachable and treated them as part of the team. We have made a recommendation about individual assessments and paperwork.

We saw evidence that many aspects of the care and support were based on best practice guidance, such as the recent appointment of infection control champions, whose responsibility was to ensure high standards were maintained by the staff team. The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. Staff, and relatives had been included in this process and their feedback had been used to make improvements to the way the service was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had procedures in place to safeguard people who used the service. Staff knew how to recognise and respond to signs of abuse.

Peoples rights were protected because staff understood their responsibilities in relation to people who displayed behaviour that challenged.

There were safe recruitment processes in place and staffing levels were sufficient and met people's needs.

Good

Is the service effective?
The service was effective.

People's support plans included assessments of individual health and social care needs including their likes and dislikes and the things that were important to them.

Staff knew how to meet people's needs and did this effectively. People were supported to access healthcare professionals to help maintain their health and well being.

Adequate training and support was in place for all staff to do their job effectively. Staff told us that supervision and team meetings were held on a regular basis and the records we looked at confirmed this.

Good

Is the service caring?
The service was caring.

People who used the service, their relatives and others involved in their care were complimentary about the support provided. They told us that staff were kind, caring and respected their privacy and dignity.

We observed positive interactions between staff and people using the service.

People told us they were involved in making decisions about the care and support provided.

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Good

Is the service responsive?
The service was not responsive.

People, their relatives and those that mattered to them were involved in their support planning. However information contained in the care plans was complex and did not outline to staff how people wished to be treated and how they preferred to be supported.

Requires improvement

Summary of findings

The assessments we saw were done for staff to help them manage negative behaviour and behaviour which could be perceived as challenging. They were not enabling or person centred.

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the registered manager or a member of staff know.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was supported by a deputy manager. Staff told us that the managers were approachable and that they could easily raise any concerns with them.

People were involved in developing the service including the recruitment of staff.

There were systems in place to monitor the quality of the service.

Beckdale 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 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.

The inspection took place on 9 June 2015 and was unannounced.

The inspection team was made up of two Adult Social Care Inspectors.

Before the inspection we sent the provider a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used the information provided in the PIR to help plan our inspection. We also reviewed the information we held about the home, which included incident notifications they had sent us.

During our visit we spoke with three people who were using the service, two support workers, the deputy manager and the registered manager. We observed care and support in the lounge areas of the home and also looked in one person's bedroom, with their permission. One inspector toured the home including visiting a self-contained flat and the inspector observed facilities were available for independent living for example, washing machine, cooker.

We reviewed a range of records about people's care and how the home was managed. These included care plans and medication records belonging to three people, staff training and supervision records and the quality assurance audits that the registered manager had completed.

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Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I like that the doors are locked, I feel safe. I am able to go out and about but like it when staff come as I feel safe with them". As the accommodation was provided over four floors, each of the floors had a key padded door entry system. The people who use the service also had their own key or keypad code for their individual flat where appropriate. The registered manager explained that this was to protect and safeguard the people who used the service due to some of the challenging and complex behaviours people had, in situations they found difficult to manage. The 'service user meeting' minutes of 19 May 2015 showed that all the people living at the service knew about the locked door policy, understood why it was in place and that they could ask staff for doors to be unlocked (if necessary). This showed us that the home was keeping people safe from any potential safeguardings, preventing avoidable harm taking into account any possible breach people's human rights.

One member of staff told us they had received safeguarding training and this was confirmed by information we saw in training records. What they told us meant they had a good understanding of the different types of abuse and described the action they would take to keep people safe from harm. Staff said they would report any concerns to their line managers immediately.

We saw that suitable policies and procedures were in place to guide staff on the action they must take if it was suspected or alleged that people using the service were at risk of abuse. Staff knew how to access this information and the contact details for reporting abuse. We also saw risk assessments for people who smoked and how to reduce any risks of smoking (including fire) on people who used the service and staff. The Provider had notified CQC of six safeguardings in the previous 12 months which had all been dealt with appropriately by the manager. There was written evidence that staff were supported to explore safeguarding issues within their one to one supervision sessions and at team meetings. Staff were encouraged to reflect on their practice following on from any incidents relating to safeguarding. This encouraged staff to analyse interactions between themselves and the people they cared for and to instil the values needed to deliver safe and appropriate care and support.

People using the service had been provided with the information they needed to understand what keeping safe meant. The service user guide informed people how to raise concerns about their personal safety. The people we spoke with who used the service told us they trusted the staff to promote their safety and wellbeing.

Three people told us and rotas confirmed, that sufficient staff were deployed to meet the assessed needs of the seven people currently living in the home. The registered manager explained that dependency assessments would be done if there was a change in people's needs or a new person came to live at the service. Dependency assessments were done to make sure there were sufficient staff available to meet people's needs safely.

Information held in three staff records we looked at confirmed that the required pre-employment checks had been undertaken prior to confirming that staff were suitable to work with vulnerable people.

Plans were also in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that relevant contracts were in place for gas safety, portable appliance testing, emergency lighting and clinical waste removal. A system was in place to record accidents and incidents. The registered manager told us that the outcome of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

The registered manager told us none of the people living at the service administered their own medication at the time of our visit. They added that people given this option would be risk assessed to make sure it was safe for them to look after their own medication needs. The senior worker on duty was the key holder for the medication cupboard although all staff were trained to administer medication. This showed us the home had the flexibility of staff trained in medication to ensure it was administered in a timely manner.

The regular medication audits undertaken by the registered manager and the regional team showed some issues had been identified and action taken. The registered manager told us that staff would face disciplinary action if they did not follow the medication policy.

Good

Is the service safe?

The registered manager recently met with the Pharmacy regarding the Medication Administration Record sheet (MARs) to discuss how to improve them. This showed us that the home managed people's medicines to keep people safe.

Good

Is the service effective?

Our findings

The registered manager told us that the home employed regular staff and offered overtime so that they could provide more activities and have days out with the people who used the service.

Two new staff had recently started at the home and we were told that they had been interviewed by two people who used the service, who had devised their own interview questions with support from staff. We discussed with the deputy manager about investigating any gaps in employment history and the requirement to send for references if the person had ever worked in health and social care regardless of how long ago. The deputy manager was aware of this requirement

Recently there had been a change of night staff and the new member of staff was introduced to people gradually prior to commencing shifts on their own.

The deputy manager told us "service users know who [staff] are, so not a massive change at night". This showed us that the registered manager reduced any concerns that service users may have about the change and managed it effectively.

People who used the service told us they received support to prepare healthy meals and were encouraged to shop and cook independently. They told us they were happy with this arrangement as they were able to eat what they wanted at a time they wanted. Comments included "I have no complaints about the food" and "The food here is nice, we sometimes cook for each other."

People who used the service who could communicate verbally told us they would tell staff if they were feeling unwell. They said staff took them to the dentist and their GP when it was required.

We saw that healthcare professionals such as GPs, dentists, opticians, psychiatrists, psychologists, chiropodists, epilepsy consultants, neurologists and community learning disability teams were involved in the care and treatment of people who used the service. This meant each service user was supported by a multi disciplinary team which helped ensure their needs were met appropriately.

Training records provided evidence that staff received induction and ongoing training to develop the skills and knowledge needed to meet the needs of people using this service. One member of staff said, "We have regular training and we can ask for more if we think we need it." We saw that planned training had been designed to cover the specific care and support needs of people who were using this service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We found the home were following the correct procedures.

Staff members were aware of people's rights to make their own decisions. They understood the need to protect people's rights when they had difficulty in making decisions for themselves. We saw evidence that when necessary the home had followed the correct process to ensure a best interest decision had been made to protect a person's rights when they did not have capacity to make their own decision.

We discussed the Deprivation of Liberty Safeguards (DoLS) with the registered manager and the deputy manager. They told us four DoLS applications which had been submitted to the Local Authority for authorisation and one which was currently under review.

Good

Is the service caring?

Our findings

A person who used the service wrote in the service user questionnaire in January 2015 "I am thankful that [names of managers] have taken me in their care at Beckdale".

Two of the people we spoke with during our inspection confirmed that their care was provided in a respectful and dignified manner. They said staff understood their needs and provided support in a timely manner. One person commented, "I like it here and the staff do listen to me." "I sometimes play up to staff I don't like but they know and understand me well".

We observed staff were well motivated and interacted well with the people who used the service, consulting with them about all aspects of their daily life. For example people who used the service were supported to take the lead in planning their day-to-day activities. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

During our inspection we observed interactions between staff and the people they were supporting. Staff addressed people by their preferred names when speaking with them.

We saw staff treat people in a kind, caring and compassionate manner and staff responded promptly to people's need for support.

We observed staff engaging in meaningful conversations with people who used the service, and there was positive banter between people who used the service and staff which both responded well to.

We observed staff support people in a private and dignified way. We saw they knocked on their flat door before entering and personal care and medicine was provided in private.

We saw one person who used the service become anxious at our presence so the staff member took them out to sit in a car, which reduced their anxiety. The person sang along to the radio. This showed us that the staff knew how to respond to and help people to reduce their anxieties in a timely and responsive manner.

We saw notice boards in the communal areas, which had a list of key workers and pictures of the staff working in the home that day including the team leader, first aider and fire marshal. This meant that the people knew who was working in the home on any day which helped them feel safe.

From the conversations we had with two staff it was evident that they understood the specific care needs and diversity of the people they supported. The staff gave examples which demonstrated how they met people's diverse needs in a caring and respectful manner, for example by supporting people to attend religious services of their choice and celebrate religious festivals. This was scheduled on the activities calendar for the year which was on the wall in an easy to read format. This meant staff understood the religious and spiritual needs of people using the service and promoted and respected their choices.

We saw that, where necessary, people who used the service had a dedicated section within their care plan regarding their end of life care. This outlined the person's preferences, wherever possible, and guidance for staff on respecting and maintaining the individual's privacy and dignity and supporting them in the way they wanted to be supported.

People were encouraged to identify family, friends and others who were important to them. We saw relatives questionnaires, which were positive about the service. Relationships with family were maintained and facilitated by the home.

Requires improvement

Is the service responsive?

Our findings

Information contained in the paperwork, specifically the care plans was complex and did not outline to staff how people wished to be treated and how they preferred to be supported. Care records showed that people who used the service were involved in completing assessments and plans of care. We did not see any communication passports to assist staff to understand people who had problems communicating verbally. In discussions with staff, they were able to tell us about the people who used the service and how they communicated with staff. The staff clearly knew about and understood them well on a daily operational basis. We found the amount of complex information contained in the paperwork, specifically the care files, was not person centred and would not direct new staff in the best way to support people in the way they wanted.

We found given the nature of the complex needs and communication difficulties of some of the people using the service; the home was trying hard to ensure people were empowered to make decisions and choices about their care and support. As a result some of the information contained within the paperwork specially the care plans in relation to behaviour management was complex and not for the purpose it was intended. The information did not make it clear how to empower people and support them in their choices. We discussed this with the registered manager who told us this would be looked at as they were streamlining information and trying to devise simpler ways of writing information in care plans which was more meaningful to the person being supported.

At our last inspection we found that care plans did not contain sufficient information to guide staff about how to support someone in a positive way which was enabling. This placed people at risk of receiving care and support which was not person centred and with the least restrictive practice

The registered manager showed us evidence of the improvements made since our last visit. For example, each person had a pathway plan which outlined their goals. These goals were broken down into small achievable goals, each one being monitored and reviewed by the keyworker and the person to whom the plan belonged. We saw one person's goal was to learn to drive. This was broken down into smaller steps to help enable the person to achieve the goal. For example, 'save up for provisional licence' and 'get a form from the post office'. This meant the home had recognised the importance of understanding and promoting the dreams, wishes and aspirations of the people they supported and enabling people to reach their goals by making them realistic and achievable.

However we did not see any risk assessments in place to support people to achieve their goals through positive risk taking. Positive risk taking encourages people to think through and take risks, which enables them to build confidence to achieve their goals. The risk assessments we saw were done for staff to help them manage negative behaviour and behaviour which could be perceived as challenging. They were not enabling or person centred.

We recommended that the service finds out more about assessments including risk and associated paperwork, based on current best practice to ensure that care and support is person centred, includes positive risk taking and least restrictive practice, which includes the individuals involvement in order that the individual can aim for and achieve their objectives.

The three care plans we looked at contained a lot of evidence that people's views, preferences and decisions about how their support would be provided had been listened to and incorporated into the plan of care. However not everybody had a written life history detailing people who were important to them, significant life events and hobbies and interests. This meant new staff would not have immediate access to information to understand the person and what was important to them. We spoke to the registered manager who explained that some of the people who used the service did not want to share their lives with staff or have any record of their past. Whilst we accept biographies and life histories are an optional part of a person centred plan it is important staff understand and know about significant life events which may influence and affect the behaviour of individuals.

We discussed with the registered manager the importance of ensuring care plans were simplified, linked in with the pathway plans and to reduce the amount of paperwork held on a persons file. This would provide information to staff in a clear, concise manner.

We saw where care needs had changed referrals were made to the appropriate health and social care

Requires improvement

Is the service responsive?

professionals including speech and language teams, doctors, dentists, GPs, psychiatrists and social workers. We saw in each of the three files we looked at there was a clear record of the visits undertaken by these health and social care professionals and any action was outlined in the care plan of the person concerned.

The statement and purpose of the home outlined that the age range of the service users was from 16 to 80+ . We were shown pictures of activities where people joined in activities regardless of their age. The registered manager told us "We involve them in everything as appropriate and their choice". The home was planning for a communal barbeque the afternoon of our inspection with everyone involved in the planning of the activity. We saw two people go shopping for the food with a member of staff.

People who used the service had the opportunity to access a wide variety of different activities; some of these were structured whilst others were in place to pursue hobbies and interests or for relaxation. People who used the service held their own meetings to decide what activities they would like to do. For example at the last meeting it was noted that people would like to have a day trip to Blackpool. The home responded by providing people with a picnic and enabling them to organise the day. People who used the service told us they had enjoyed the trip and would be planning something else in the future. This meant the home supported people to follow their interests and take part in social activities which contributed to their sense of well being and belonging.

The activities were recorded in people's notes and the deputy manager told us that each person "usually get more than 25 hours per week meaningful activity". We saw that one person went dancing every week and once a week the staff cooked for all the people who use the service.

The registered manager told us they were working with the staff team to support people to achieve more over the next 12 months. This was written in the team meeting minutes of 27 May 2015. The constructive activities suggested included 'getting a job, riding a bike and, DIY projects,

There was a notice board in the communal room with leaflets and posters giving details of activities in the local area i.e. social clubs etc. We also saw, in the communal room, pictures of people on various activities which showed us that activities took place. This meant the home encouraged people to have an active involvement within their local community and promoted social inclusion and community participation.

There was a comments and suggestion box alongside an easy read complaints forms in the hallway of the home. The deputy manager told us "We have complaints forms, although [Person] and [Person] will fill it in, others will write it down on paper then attach it to the complaints form". The form included a mobile telephone number that people could ring 24/7 and leave a message or complaint if they did not want to complete a form. This showed us that the home tried to make things easier for the people to complain in what ever way was best for them. We asked three people who lived at Beckdale House if they felt able to raise a complaint and were told they did. We saw the audit file for the complaints. Complaints were reviewed after each complaint outcome and sent to the regional director. We suggested to the registered manager that it would be easier if the outcomes were recorded as upheld, partially upheld or not upheld to make it easier to see the outcome of a complaint.

We found the home welcomed and encouraged contact with relatives and families, the deputy manager told us '[Person] relative speaks to us daily, they have a big impact on [person's] life". The registered manager sent questionnaires to relatives and families twice a year. The relatives questionnaire was last completed in February 2015. One relative wrote "The home is very tidy and make people feel welcome" and they were, "Happy with everything". Another relative commented they had, "also received a brochure about the home". One relative also stated "I am happy in how well [person] is doing".

Good

Is the service well-led?

Our findings

One person commented in the service user questionnaire in January 2015 "[Staff] is a lovely manager and I couldn't ask for someone nicer and [staff], if I am feeling low, will try and make me laugh"

We observed throughout the day the registered manager and deputy manager had a positive presence throughout the home and engaged well with staff and people who used the service.

At the last inspection on 26 June 2014 and 1 July 2014 we found improvement was needed in relation to the monitoring of the service. This was because information we saw at the last inspection in relation to the monitoring of incidents was incomplete. At the inspection on 9 June 2015 we found sufficient improvements had been made.

We found there were appropriate systems in place for recording and monitoring incidents which enabled the registered manager to look for patterns or trends in triggers to behaviour so appropriate action could be taken. For example through analysis of reports the registered manager had recognised a pattern of behaviour which had an obvious trigger. They told us they had been able to remove the trigger and the instances of negative behaviour had reduced significantly. This meant through monitoring and evaluation, improvement was made in the quality of the service people received.

At the last inspection on 26 June 2014 and 1 July 2014, people who used the service did not want to speak to the inspectors. Following the inspection, the registered manager and team did a lot of work with the people who use the service about the Care Quality Commission in relation to who we are, what we do and why we do it. We saw the paperwork that they had used to explain the role of The Care Quality Commission and also saw on the wall of the communal area, the five key questions considered by inspectors, is the service safe, effective, caring, responsive and well led?

The five key questions were written on different coloured paper, stuck to the wall of the communal activity room with explanations about what the five key questions meant.

The deputy manager explained that they also used this activity in staff supervisions, with new staff on induction and people who used the service They told us that it had grown and developed as different groups of people had added to the five key questions and what they meant for them. This was an example of how the service was promoting a positive culture which was open, inclusive and empowering.

We saw the business plan which detailed all aspects of the home including the vision for the home, environment, recruitment, training, and audits. The plan included business objectives, actions, responsibilities and progress. There was also a business continuity plan and a project plan for 2015 which addressed the decoration of the house, refurbishment of bedrooms and bathrooms and fencing around the garden.

We saw several audits for the service completed by the registered manager and/or the regional team including medication, health and safety (including environment, food hygiene, premises), infection control and operations. The audits were scored and the service consistently scored above 90% in all their audits over a 6 month period from January 2015.

We looked at the staff questionnaires from January 2015 where recommendations had been made by staff and actioned by the registered manager. We also looked at the resident questionnaire from January 2015. Where possible the registered manager had addressed points raised by people. For example, one person wanted a bath in their flat instead of a shower; the registered manager informed us that a bath had now been installed.

We also saw minutes from meetings where people who used the service had stated ambitions they wished to achieve. The team meeting minutes showed the registered manager had discussed this with staff, telling them "Never say that's not achievable, work towards this". This showed us the registered manager was committed to ensuring the people who used the service were empowered by the staff team to achieve their goals.

We discussed with the registered manager about the room vacancies in the home. The registered manager said, "we have had the vacancies for four years, we have had 30 plus referrals however we need the right person". The registered manager then explained there was a new person coming to live at the home soon. They had already visited and met people living at the home, who were also keen to meet the new person. The new person's family had also visited the home on a separate occasion. The registered manager told

Good

Is the service well-led?

us that “an impact and compatibility assessment had been undertaken” to determine the compatibility of all the people living in the house so that the new person would not cause any disruption and they could all get along. The registered manager also informed us that staffing levels would change depending on the support required when the person moves into the home. This showed us that the registered manager had taken into account the impact of a new person coming to live at the home and managed the process so it had the least impact on all concerned.

At the last inspection on 26 June 2014 and 1 July 2014 we found some of the policies and procedures, including the physical intervention policy were not person centred and required improvement to ensure people were protected against the risk of control and restraint that was unlawful.

At the inspection in 9 June 2015 we found some improvement had been made but in some policies, for example, Infringement and Rights, the wording was still not appropriate to an adult care service. We discussed this policy in detail with the registered and deputy manager who agreed to raise our points with their line managers. We considered overall sufficient improvements had been made in this area.