

Lifeways Community Care Limited

Beeton Grange

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visits took place on 24 and 30 October 2017. The first day was an unannounced visit and the second day was announced to enable us to speak with support workers and the registered manager. 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.

The service was transferred in its entirety to the current registered provider in December 2016. The last inspection of the service prior to the transfer was in June 2016 and we rated it as good. The current registered manager and support workers were in place at the time of that inspection.

Beeton Grange is a service that provides accommodation and personal support for up to 24 adults with complex mental health needs. The service exclusively supports people from an Asian or African-Caribbean heritage. At the time of our inspection 20 people were using the service. The service's main aim is to assist people to develop or relearn the life skills to enable them to live independently in the community.

We found

People felt secure and safe with their support workers and received information to help them remain safe from the risk of abuse.

People were also protected because risk assessments had been completed to identify and reduce the risk of harm for all the people who lived at the service.

People were able to have their needs met on most occasions because sufficient support workers were available throughout the week.

People were assisted by experienced support workers who had developed in depth and personal knowledge of their needs likes and dislikes.

The provider had recruitment processes for the safe employment of support workers and processes which ensured they received the necessary induction and training to meet the support needs of people living at the service.

People were supported and received their medicines as prescribed by their healthcare professionals.

Peoples' consent was obtained before providing support and the provider understood and applied the legal requirements of the Mental Capacity Act 2005.

People were supported to make choices, take responsibility for their own daily activities and encouraged to try new activities and learning opportunities.

People were provided with, or assisted to prepare, culturally appropriate food and drink at times to suit them.

People's mental health and physical health needs were assessed and people were supported to access their local health care professionals when required.

People told us they were supported by caring and respectful staff who maintained their privacy and dignity.

People's support needs were clearly recorded in support plans which were regularly reviewed.

People knew how to complain about the service they received and were supported to make complaints and discuss issues of concern.

The provider had systems to assess and monitor the quality of the service and was introducing new policies and documentation to improve consistency at the service and meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People told us they felt comfortable and safe in the service and with their support workers.

Support Workers had a working understanding of safeguarding and ensured people were protected from the risks of abuse.

People's needs were met on most occasions because there were enough suitable trained support workers available.

People were supported and received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported to manage their mental health and physical health needs and to access health professionals when required.

People were supported to maintain their cultural identity and links to their communities.

Support workers received regular supervision and the training they needed to undertake their duties.

Is the service caring?

Good ●

The service was caring.

People were supported and encouraged to spend their time as they chose and to form friendships.

Support workers respected people and their right to make decisions about their lifestyle.

People spent time with support workers at the service and

formed positive relationships.

Is the service responsive?

The service was responsive.

People's support plans contained important details about them and were reviewed regularly to identify their current needs.

People were supported to access the community independently and where appropriate to find suitable activities or further education courses.

People's complaints or concerns were listened to and where possible were acted upon by the provider.

Good ●

Is the service well-led?

The service was well-led.

People and Support workers confirmed they felt supported by the management team.

The provider had audits and systems in place to identify concerns and had processes to record the action taken to resolve the concerns.

The provider had introduced new policies and new documentation to improve the support provided to people.

Good ●

Beeton Grange

Detailed findings

Background to this inspection

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

The inspection visits took place on 24 and 30 October 2017. The first day of the inspection was unannounced and was conducted by one inspector 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. For this inspection the expert-by-experience was familiar with mental health services. The second day of the inspection was conducted by a lone inspector.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at the Provider Information Return (PIR) which is a document containing current information about the service and the provider's assessment about how it is meeting the regulations. The PIR also referred to the improvements the provider planned to make to the service.

We also contacted local authorities who purchased the support on behalf of people to ask them for information about the service. We were not informed of any significant concerns with the service.

During our inspection, we spoke with four people who lived at the service. Some of the other people we approached were unwilling to speak to us we therefore observed the interactions between people and support workers to contribute to our inspection findings. We also spoke with a visiting relative, a visiting health professional, four support workers, the registered manager, the deputy manager and two support staff.

We looked at the support plans for three people to see how their support and treatment was planned and delivered. We also looked at three Medication Administration Records (MAR) and the medicine management processes and audits for the service.

We looked at support workers training records and the provider's training audit to confirm the training undertaken.

We also looked at records relating to the management and audit of the service and reviewed the provider's policies and procedures.

In addition we requested the provider to supply copies of the documents and forms being introduced to improve the service; these were provided following the inspection.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us why they felt safe, "They [support workers] sort out televisions, blankets, clothes, they try to make you feel at ease." Another person told us, "They [support workers] do things like keep the bathroom clean and tidy and give me a comfortable bedroom." Most people had lived at Beeton Grange for a prolonged period, some in excess of 15 years, and they had built up relationships with their regular support workers. These relationships had remained consistent despite several changes to the ownership of the service. The registered manager told us the consistency of the support workers and local management team was a significant contribution to people's feeling of being safe.

People were protected from the risk of abuse at the service and in the community. Support workers and their managers had undertaken safeguarding training and understood the signs of potential abuse and knew when it should be reported. A support worker told us, "I am looking out for signs of mental abuse or financial abuse, for example giving each other money. Sometimes we are not told so we have to see for ourselves." The provider had also supplied each person with a guide to the service which included information and advice about how people could protect themselves from potential abuse situations.

All the support workers we spoke with had worked at the service for a minimum of 10 years. The registered manager confirmed there had been no new support workers employed in the last 12 months and no use of agency workers. The provider has a number of registered services and has established recruitment processes complying with current legal requirements. The registered manager confirmed people at the service had previously been involved in the recruitment process. People had greeted candidates at the door, and spent time with candidates to establish if there was a good rapport and fit to the service. The comments received from people following the discussions were used as part of the selection process. The registered manager told us people would continue to be involved in the recruitment process if they wished.

People's support needs were identified and risk assessed. We observed throughout the inspection that people went out into the local community independently. We saw that the risk assessments in the support plans considered people's needs at the service and when out in the community. We saw however that information about people's behaviour recorded in daily notes and other documents had not been added to the risk assessments. The information could have been relevant to establishing triggers for changes in people's behaviour. This potentially placed the person and other people at risk if support workers were not aware of the appropriate action to be taken when the behaviour occurred. We were however satisfied in speaking with support workers that they knew the escalation triggers and appropriate responses for the people they supported. A support worker told us, "We know about people, I know how to handle their problems. ...sometimes you need to just leave a person and say you will talk to them later, most times the person will come back and apologise for their behaviour." The registered manager and deputy manager acknowledged the importance of the risk assessments being current and agreed they would take action to reflect the additional information in updated risk assessments.

People were kept safe in their rooms and the building. The provider had undertaken safety checks and risk

assessments of the building to ensure risks to people and support workers were considered. We saw records were up to date for gas safety, electrical wiring and fire equipment testing. The provider had a smoking policy and provided people with a safe area for smoking which could be seen by support workers. We observed however during our inspection that the smoking policy was not being consistently followed and potentially placed people at risk. The registered manager confirmed people had signed to acknowledge the smoking policy and had been informed that they risked termination of their placement if efforts to encourage compliance with the policy failed.

People told us they were supported to take their medicines on time and as prescribed. One person we spoke with told us, "I have to come down for meds and it is always on time" Another person confirmed, "Yeah they give it me once a week and twice a week, always on time." We saw that the Medication Administration Record (MAR) sheets accurately recorded when people had received their medicines and the action taken where they refused medication. Protocols were also in place for people using 'as and when required' medicines.

Support workers told us their medication administration practice was checked to ensure they remained competent to do so. We saw the provider's audit of medication practice identified support workers had not received recent medication competency training. The registered manager confirmed the provider was arranging suitable training for support workers to remedy this issue.

Is the service effective?

Our findings

People were supported by support workers who were required to keep their training up to date. The provider required new support workers to undertake a structured induction process and complete the Care Certificate. The Care Certificate is the minimum training, supervision and assessment that employees new to health and adult social care should receive as part of induction before they start to deliver care independently. All support workers had access to online training and the provider also offered classroom face to face training. A support worker told us, "Training face to face is better you can ask questions of the trainer and the training sinks in better." Another support worker told us, "training is always kept up to date and renewed...used to be e-learning now we go to head office, I find it better, the training is very good." We saw the provider had a training matrix which identified the mandatory courses to be undertaken by all staff which included safeguarding, equality and diversity, and fire awareness. The majority of support workers at the service had completed all the updated courses.

The provider ensured support workers had regular supervision meetings to monitor performance. All the support workers we spoke with confirmed supervision meetings were occurring. A support worker told us, "Supervision meetings take place every six to eight weeks, they are informative. If things happen before a meeting you can always go to speak to the registered manager or you can just pick up the phone."

People's capacity to make decisions was subject to variations in their mental health. 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. We saw throughout our inspection that people were making decisions how they spent their day. The support workers we spoke with confirmed people had the right to decide what they wanted to do. A support worker said, "I say to people it is up to them if they want to do [a task]. I tell them what benefit it could have to them to do [the task] I do not tell them to do it. I just give the choice and the options."

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. We checked whether the service was working within the principles of the MCA. The registered manager confirmed no one at the service had a deprivation of liberty restriction. The support workers we spoke with confirmed they had undertaken training and had a practical understanding of the MCA.

People were assisted to maintain their mental and physical health. The support plans we saw confirmed people were supported to access advice from health professionals at appropriate times. One person told us, "They [support workers] support me, book an appointment, sometimes I get to see someone the same day." A visiting health professional said, "I can see my client less, they [support workers] always alert us if my client's health is getting worse and meet with us. I am pleased with the service provided."

People were provided with healthy culturally appropriate meals. The provider had a weekly lunch menu that

offered a choice of meals. People could choose to eat the meals or prepare or buy something they preferred. One person told us, "Yeah they sort out food, Caribbean food which I like." Another person told us about food choices, "It's alright, am vegetarian so I am a bit fussy but they help support me, if I don't like the food, they [support workers] give me money for takeaways." We saw support plans contained a record of people weights. The registered manager confirmed people had agreed to be weighed regularly to enable support workers to pick up if people were losing or putting on weight and needed further support with managing their food and drink intake.

Is the service caring?

Our findings

People we spoke with were positive about their support workers. One person told us, "They are kind and helpful; they will sit and talk with me." We observed people were comfortable and at ease in the company of their support workers. People were enjoying jokes with support workers and talking about what they were going to do during the day. We asked the registered manager if there were any issues communicating with people at the service whose first language was not English. The registered manager confirmed everyone at the service spoke English however there were support workers able to speak to people in their preferred language. We heard throughout the inspection that people were having conversations with support workers in languages other than English.

Support workers had detailed knowledge of people and referred to them in a compassionate and caring way. A support worker told us, "People here are just like family, they are really close. Sometimes things will happen; people do give and take so matters don't end up in arguments." Another support worker said, "People are very friendly with us. I keep smiling, keep communicating with people. I listen to people and I hear if they are deteriorating and will inform the registered manager."

People were supported to maintain and where necessary develop social skills and make lifestyle choices. We saw people were undertaking cooking and cleaning tasks with support worker assistance. The provider had divided the service into two phases of support needs because some people needed more support to be independent. We observed that people at the service moved freely in the building and there was no obvious indication about which phase of support people needed. A community environment was being encouraged with events and activities arranged for the service as a whole, for example group holidays. There were also competitive quiz nights with another of the provider's services.

People were supported to maintain family relationships and other personal relationships which were important to them. A relative told us, "I can go to [my relative's] bedroom if I want some privacy and there are no restrictions when I can visit, [my relative] just has to be in by 9pm." A support worker told us, "Some people do not have family so we give them more love when there are family based cultural events. At Diwali we took people out to have a Diwali meal. We asked people if they wanted to go and for those people who did not go we brought back food to celebrate the event."

The registered manager confirmed people were advised about sexual behaviour and where necessary were assisted to access specialist advice. The registered manager told us, "People have capacity and can decide who they want to see, there are no restrictions." The service did however place some restrictions on people granting access to visitors to the building at night to protect the other people at the service from potential harm. The registered manager confirmed however there was no restriction on people staying out.

People were treated with respect and dignity. One person told us, "Support workers are helpful and nice; [they] treat you with respect." Another person said "I have my own key to my room; support workers have keys also but knock before they open my door." We observed at our inspection that people were asked for permission before rooms were entered. We also observed that people were reminded of the responsibilities

of living in a shared environment for example being asked to close bathroom doors and waiting as meals were served.

Is the service responsive?

Our findings

People's support plans contained details about their life history, their likes, dislikes and preferences and were regularly reviewed. People we spoke with were aware of meetings to discuss their support plans. One person told us about the meetings, "All of the time, they talk about care plans a little bit." Another person said, "Once every six months I have a review." We saw support plans were recorded as reviewed each month and demonstrated people were involved in discussing their support needs. We also saw further information was supplied as a consequence of regular review meetings with people's social workers and health care professionals.

The support workers we spoke with knew they needed to read the support plans, a support worker explained, "Support plans have all the person's needs written down." We were however aware prior to this inspection that an incident had occurred with a resident due to relevant information not being shared with the service. As a consequence the support plan produced did not accurately reflect the person's needs and risks. The registered manager told us the service's support plans documents were being further developed to ensure more information was obtained from referring agencies to assess people's needs. We compared the new placement assessment form with the previous version and saw it provided significantly more information. The registered manager confirmed the additional information would allow an informed decision to be made about someone's suitability to live at the service.

People were given time to develop the necessary skills which would enable them to live independently in the community. The registered manager informed us the service did not set a time limit for people to improve. We found however that the support plans did not contain a specific document to detail how people would be helped to move to independent living. The registered manager told us the provider was introducing a specific recovery document for people to help them determine when they are ready for independent living. We saw the proposed document aimed to get people to think about their recovery in stages. People would be encouraged to explain what they needed to do to move onto the next stage towards independence and what assistance they needed from the service. The registered manager however accepted that for some people who had lived at the service for several years the possibility of living independently was unlikely to be achieved. The registered manager confirmed there was an awareness of the changing needs of people as they become older and remained at the service. The registered manager told us, "The increased needs would be included in support plans, and where necessary people would be prepared for moves to a more suitable service."

People attended educational and leisure activities in the local community, individually and as a group. On the second day of our inspection we saw a group of people at the service going out to a local attraction. The provider held regular residents meetings chaired by an independent advocate. An independent advocate is used to help people express their views and wishes, and to make sure their voice is heard. People confirmed they attended the residents meetings, one person said, "We do yeah, I speak about where I would like to go on holiday and what I would be interested in doing." We saw the minutes from the meetings were displayed on the noticeboards in the building to enable people who could not attend the meetings to keep informed.

People knew how to raise concerns or complain about their care. One person told us, "I would speak to support workers or management." We saw people were given written details of the complaint procedure. The registered manager told us people could also speak to the independent advocate if there were any concerns. The provider had a process in place to deal with complaints, however at the date of the inspection visit there were no complaints being processed.

Is the service well-led?

Our findings

People we spoke with did not refer to any concerns about the new provider or changes to the service. Support workers we spoke with confirmed they were told about the provider's improvement plan for the service to achieve consistency with its other services. A support worker confirmed, "We had a meeting with the provider they told us what their plans were for the service. I feel they kept us informed." All of the support workers told us they had experienced a change of provider on several occasions. We were informed by staff that the transfer of the service on this occasion had caused some issues, particularly with pay. A support worker however told us, "Support workers have been through the transfer process before, we know there will be ups and downs, and we know things will settle down."

People and Support workers told us they felt well supported by the registered manager. One person told us, "[The registered manager] is alright, [the registered manager] tries to help, and is not so bossy. [The registered manager] is about right for the line of work." A support worker said, "The management team is very good you get a lot of support, any problems you can go to them and it is solved."

The registered manager also managed another service for the provider, spending time at each service during the week. We asked the registered manager how this was managed to ensure people and staff received adequate support. The registered manager confirmed experienced deputy managers were available at each service, and if necessary due to the close proximity of the services emergencies could be responded to quickly.

The provider had introduced systems and a consistent approach to audit, monitor and improve the quality of care and support people received. The registered manager told us the actions required to resolve concerns and make improvements were monitored by area and regional managers. The provider was also in the process of introducing new policies, procedures and documents to improve the service. We asked the registered manager about the actions they had taken to improve and develop their role. The registered manager confirmed there were supervision meetings, manager training to encourage consistency and improve performance, and involvement in the development of the new documents and policies.

People had been given the opportunity to comment about the provider and the quality of the service at residents meetings. The resident meeting minutes we saw did not identify any concerns for the provider to consider. At the time of our inspection the provider was commencing the satisfaction questionnaire to obtain people's view of the first year of operation. We saw the questionnaire questions were written in plain language and had space for people to add additional comments.

The registered manager told us there was a good relationship with external agencies. We spoke with a visiting health professional about the service. We were told, "We have no issues with the service. If there were any issues we would address it as and when needed." In preparation for this inspection we contacted a number of agencies using the service and they all confirmed a good working relationship.

We spoke with the registered manager about the future direction of the service. We wanted to clarify if it

could continue to meet its objective to support people from an Asian or African Caribbean heritage. We were informed the service would continue meeting this specific need. The registered manager told us future plans would give consideration to the provider's continued involvement with people when they moved to independent living. The registered manager explained people would have a better chance of living independently if they were supported by support workers they already knew. The registered manager confirmed any changes made would be notified to us in an updated Statement of Purpose.

We found the registered manager and service managers understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform CQC about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.