

Pretim Singh

Beechwood Residential Home

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 responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 October 2014, at which breaches of legal requirements were found. This was because the service did not have systems in place to reduce the risk of financial abuse or monitor the quality of care and safety at the service. We also found the service did not have effective systems in place for managing medicines. The complaints procedure was not accessible to people that used the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements

in relation to the breaches. We undertook a focused inspection on the 20 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beechwood Residential Home' on our website at www.cqc.org.uk

Summary of findings

Beechwood Residential Home is registered to provide care and accommodation for up to six adults with learning disabilities or autistic spectrum disorder. Four people were living at the service at the time of our visit.

The provider had recently appointed a new manager to the service. They are not currently registered with the 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 and associated Regulations about how the service is run.

At our focused inspection on the 20 May 2015 we found that the provider had followed their plan which they had told us would be completed by the 30 April 2015 and legal requirements had been met.

Systems were in place to protect people from the risk of financial abuse. Medicines were managed safely.

People were supported to eat sufficient amounts of food and they had a choice over what they ate.

The service had appropriate complaints procedures in place and people told us they knew how to raise any concerns they had.

The service had systems in place for monitoring the quality of care and support provided. Some of these included seeking the views of people that used the service.

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?

We found that action had been taken to improve the safety of people. Systems were in place to reduce the risk of financial abuse. People's money was checked and counted at each staff shift handover. Records of monies withdrawn from people's bank accounts were checked against bank statement.

Systems were in place to promote the safe and effective management of medicines within the service.

Good



Is the service effective?

We found that action had been taken to improve the effectiveness of the service. People were supported to eat sufficient amounts of food and they had a choice over what they ate.

Good



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service. There was a complaints procedure in place which was accessible to people that used the service. People told us they knew how to raise concerns.

Good



Is the service well-led?

We found that action had been taken to improve how well-led the service was. The service had systems in place for monitoring the quality of care and support provided. Some of these included seeking the views of people that used the service. However, the service did not have a registered manager in place.

Good



Beechwood Residential Home

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 was 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.

We undertook a focused inspection of Beechwood Residential Home on 20 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 27 October 2014 had been made. We inspected the service against three of the five questions we ask about services: is the service safe,

responsive and well-led? This was because the service was not meeting legal requirements in relation to those questions. We also looked at the food and nutrition during this inspection.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included previous inspection reports, the provider's action plan which set out the action they would take to meet legal requirements and details of any notifications and other information we had received about the service.

At the visit we spoke with all four of the people that used the service. We spoke with five staff; this included the provider, the manager, another senior member of staff and two support workers. We observed how staff interacted with people. We looked at various records and documents. This included medicines records, care plans, quality assurance systems, menus, financial records and various policies and procedures.

Is the service safe?

Our findings

At our last inspection in October 2014 we found the service did not have sufficiently robust systems in place to ensure that people were protected against the risk of financial abuse. During this inspection we found this issue had been addressed.

People have their own bank accounts but some needed support to withdraw money. The service held money on behalf of people with their agreement. Money held was kept in a locked drawer. Records were kept of monies withdrawn from the bank and the provider checked these records against bank statements to make sure all monies were entered correctly. When staff spent money on behalf of people they obtained a receipt and recorded what they spent the money on. Checks were made of how much money was held by the home at each staff shift handover. We checked the records for all people using the service and found the amounts of money held tallied with the amounts recorded.

At our last inspection we found that the service did not have effective systems in place for the safe management of medicines. During this inspection we found they had addressed this issue.

Staff with responsibility for administering medicines had received refresher training about this since our last inspection. We found that medicines were stored securely in a locked and designated medicines cabinet located in the office of the service. We checked medicine administration records for a five week period leading up to the date of our inspection and found these to be accurate and up to date. Medicines audits had been introduced to check that medicines were being properly managed. We checked the amounts of medicines held in stock and found the amounts held tallied with the amounts recorded as being in stock. Protocols and guidelines were in place on the administering of medicines prescribed on an 'as required' (PRN) basis. This meant systems were in place to promote the safe management and administration of medicines.

Is the service effective?

Our findings

The provider was meeting people's nutritional needs at the last inspection and we found this was still the case during this inspection. People told us that they did get enough food. One person said it was "nice food" at the service. They said they had a takeaway meal "once a week." Another person gave us a thumbs up sign and smiled when asked if they were happy with the food. Another person told us they had just finished their breakfast and they had what they wanted.

Staff said that menus were discussed and planned at the weekly residents meetings. Picture cards were used to help people to make choices who had a limited ability to communicate verbally. One person nodded and smiled when asked if they used the picture cards to choose what they ate. We saw records of food purchased and examined food in the home during our inspection and judged that people were supported to eat sufficient amounts.

Is the service responsive?

Our findings

At the last inspection we found that people were not supported to make complaints. This was because the mechanisms for making complaints were not made clear to people. During this inspection we found the provider had produced a pictorial version of the complaints procedure to help make it more accessible to people. A copy of the procedure was on display within the communal area of the service.

People told us they were happy at the service and said they would talk with staff if they had any problems. Each person using the service had monthly one to one meetings with their keyworker. The manager told us that at these meetings people were supported to raise any complaints or concerns they had. Records confirmed these discussions took place. The manager told us there had not been any complaints made since the last inspection. Staff had a good understanding of how to deal with complaints in the event they received any.

Is the service well-led?

Our findings

At the previous inspection of the service in October 2014 we found they did not have sufficiently robust systems in place for monitoring the quality and safety of care and support provided. During this inspection we found they had addressed this issue.

The provider had recently appointed a new manager to the service. They are not currently registered with the Care Quality Commission. The provider told us it was planned an application would be made for them to register by the end of June 2015.

Weekly residents meetings were held which gave people the opportunity to discuss issues of interest to them, including menus and activities. People had monthly one to one meeting with their keyworker to discuss and monitor progress they were making and any other issues they wished to raise. Records confirmed these meetings took place. Staff told us they had regular staff meetings These included discussions on issues where things needed to improve or if the manager identified things that were not being done properly, such as cleanliness in the service.

The manager said the commissioning local authority had carried out a visit of the service in February 2015 partly in response to the recent CQC report. We found that actions required by the local authority had been carried out. For example, the local authority found that care plans were not signed and dated and we saw this issue had subsequently been addressed. This showed the service had taken steps to deal with identified shortfalls.

The provider carried out a survey of professionals that the service worked with in January 2015 to gain their feedback. We saw completed surveys which all contained positive feedback.

The provider had introduced various audits since our last inspection to help monitor the quality and safety of care. These included medicines, financial and health and safety audits. The most recent health and safety audit carried out on 11 May 2015 found that the automatic closing device [designed to prevent the spread of fire] on the kitchen door was not working. This was still the case on the day of our inspection. We discussed this with the provider who said they would arrange for this to be repaired.