

Expect Ltd

Expect Limited - 39 Beaconsfield Road

Inspection report

39 Beaconsfield Road
Bootle
Merseyside
L21 1DS

Tel: 01513646533

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30 January 2018

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16 February 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?

Good ●

Summary of findings

Overall summary

39 Beaconsfield Road is a residential care home for three people with learning disabilities. The home is a spacious four bedroomed large terraced house with. There were three people living in the home at the time of the inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good

Why the service is rated Good?

Risk assessments were in place specific to people's individual needs.

Medicines were managed safely and people received their medicines as prescribed.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There was sufficient staff on duty to meet people's needs. Most of the staff team had worked in the home for over three years.

The home was well maintained and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were reported to the landlord and attended to in a timely way.

People's needs were assessed and care plans were completed to demonstrate the support required. People's health care needs were addressed. People saw their local health care professional when they needed to.

Staff received a programme of mandatory and optional training relevant to the people they supported. Regular supervision and annual appraisals took place. Staff meetings were held to keep staff informed and support them in their role.

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 made decisions and choices in relation to their care, support received and daily activities. Staff knew the people in the home well and how they communicated their needs and choices. This information was well documented to assist new staff.

Staff knew people's dietary needs and preferences. They supported people to eat and drink enough to maintain a balanced diet.

Staff showed kindness towards the people in the home. People were supported to maintain their independence with activities of daily living. People went out for social events and were supported to attend health appointments. The home had access to a minibus which enabled them to visit places safely.

Care plans were written for the individual and informed staff of their preferences and wishes. These documents were regularly updated to reflect people's change in need or preference. People enjoyed a range of activities.

A complaints policy was in place and displayed in the home. No complaints had been received since the last inspection in 2015.

There was a person-centred and open culture in the home. Staff reported that manager was supportive and made themselves available to support staff when they needed it. Staff worked as a team and supported each other. Absence and annual leave was covered by the staff team. This ensured a consistent staff team that people in the home knew and staff were familiar with their support needs.

Quality assurance and governance systems were in place to help the registered manager and provider to monitor standards and drive forward improvements.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last assessment was clearly displayed.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 was a comprehensive inspection.

This inspection took place on 30 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day and the registered manager was not based at the location. We needed to be sure that they would be available.

The inspection team consisted of an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. We collated information we had about the home. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We received feedback from three health and social care professionals who had experience of working with the registered manager, support staff and some of the people who lived in the home.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at 39 Beaconsfield Road. This was because the people who lived there communicated in different ways and we were not able to directly ask them their views about their experiences. We spent a short time observing the support provided to help us understand people's experiences of the service. Our

observations showed people appeared relaxed and at ease with the staff. We spoke with three staff, including the registered manager. After the inspection we spoke with one relative over the telephone.

We looked at the care records for three people, as well as medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home.

Is the service safe?

Our findings

There were robust measures in place to ensure people were safe. We saw through people's body language that people were comfortable with the staff.

Risk assessments were in place specific to their individual needs and any behaviours they may present. Risk assessments included travelling in vehicles, personal care and any activities people took part in. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse. Healthcare professionals were positive in their comments about the staff. They said they worked within the guidelines provided by professionals, to ensure care was delivered safely and in a co-ordinated manner.

There was sufficient staff on duty to meet people's needs. People required individualised staff support to access the community and take part in activities. Staff were provided to enable them to do this and keep safe.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

The home was well maintained and in good decorative order. People's bedrooms were personalised. We found the home clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were reported to the landlord and attended to in a timely way. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire-fighting equipment, were completed to maintain safety in the home.

Is the service effective?

Our findings

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. People were supported to maintain healthy lives. Referrals were made to health care professionals when changes in health care needs were identified. Appointments were made regularly for the GP, dentist, optician and a chiropodist to help to maintain good health. Feedback from healthcare professionals described how the staff worked together to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet. Records were kept to evidence this.

From the training plan we saw and from conversations we had with the staff at 39 Beaconsfield Road we found they had the skills, knowledge and experience to support people effectively and safely. The provider had developed a system to help ensure staff received regular training and were given the time to complete it. Staff were supported by the registered manager through regular supervisions and an annual appraisal. Staff meetings were held regularly.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act. The registered manager had made applications for DoLS to the local authority. People were supported by staff who knew them well to make decisions regarding activities of daily living.

People made decisions and choices in relation to their care, support received and daily activities. Staff knew the people in the home well and how they communicated their needs and choices. This information was well documented to assist new staff.

The home had been adapted to meet people's individual needs; the home included a wet room with a shower and an additional lounge area. People's bedrooms were decorated to individual taste.

Is the service caring?

Our findings

We saw that the staff showed kindness towards the people in the home. It was clear from the banter and laughter that people were comfortable with staff and enjoyed their support.

We saw that staff knew people and understood their different communication needs. Individual choices were made by staff using simple questions.

A relative we spoke with said the staff were very caring.

People were supported to maintain their independence with activities of daily living (personal care, laundry, shopping). People went out for activities and pub lunches and were supported to attend health appointments. Staff assisted some people with their cleaning and laundry.

Staff supported people to make decisions about their care, support and treatment as far as possible. Where this was not possible staff showed a good understanding of people's likes and dislikes. This information was recorded in care records.

People's privacy was respected; we saw staff knocking on bedroom doors before entering. People were supported to maintain relationships with their family members; staff took them to visit their relatives.

People were supported to enjoy a holiday at least once a year. Destinations were chosen with everyone's support needs and favoured activities in mind. For example, holidays were taken in the countryside so people could enjoy long walks and lunches in village pubs.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. The care plan documents were regularly updated to reflect people's change in need or preference.

Health care professionals involved with some of the people living in the home spoke positively about the support given to people. They said the staff team provided a person centred approach to supporting people and were open to trying new approaches to the particular support required.

We saw people in the service enjoyed a range of activities, both individually with staff support and altogether. Trips were made possible by being able to use a minibus at least once a week. People accessed the community to enjoy amenities such as pubs, walks at the beach and in the countryside and swimming.

The provider had a complaints policy in place but no complaints had been received since the last inspection in 2015. The policy was displayed in the home.

Is the service well-led?

Our findings

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

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for people. For example supporting people to be independent with personal care and arranging for them to take part in activities they enjoyed.

Staff reported that registered manager was supportive and made themselves available to support staff when they needed it. Staff worked as a team and supported each other. A healthcare professional said they found the registered manager to be 'organised and helpful'.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the support staff, registered manager and nominated senior care staff which included, medication, care records and health and safety. The registered manager completed a report on all aspects of the service each three months.

The service work in partnership with other agencies, such as the local commissioners and healthcare professionals in learning disability services. We received positive comments from them to evidence this.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last assessment was clearly displayed.