Cygnet Learning Disabilities Midlands Limited

Beeches

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

Beeches is a residential care home for 12 young people and adults with autism and learning difficulties, often accompanied by complex needs and behaviour that can challenge.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last comprehensive inspection in June 2015 we rated the service as good. In addition the areas we inspected at a responsive focused inspection in December 2016 were good; this was undertaken in response to concerns about the safety of people living at the service.

This is the second comprehensive inspection of the service. The inspection took place on 6 March 2018. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to safeguarding people from abuse; these covered staff recruitment practices and staff training and knowledge on safeguarding procedures. Systems also ensured accidents and incidents were recorded and analysed and steps to improve and learn were identified. Risks, including those risks from medicines and infection were identified and steps identified and taken to reduce known risks to people. Staffing levels were kept under review to ensure people received sufficient staff support.

People's care was provided in line with the MCA and staff understood the importance of seeking appropriate consent for care and treatment. Staff were supported and trained to have the skills and knowledge in areas relevant to people's needs. Assessments of people's needs were in place and included assessments of any health related needs as well as any diverse needs including those in relation to a person's culture or belief. People's needs for a balanced diet were met and any specific dietary needs were identified and met. Where people required healthcare from other professionals this was arranged and help to ensure good on-going healthcare support for people. The premises had been changed to meet people's needs and reflect their hobbies and interests.

The staff team demonstrated a caring approach in their work and understood how to reduce people's anxieties. Staff were mindful of promoting people's independence and respecting their privacy and dignity. People were supported to be actively involved in decisions about their care.

People's care and support reflected people's preferences and interests and identified what was important to them. People and when appropriate, their relatives, were involved in making decisions about their care.

Staff understood how people communicated and they worked in ways to promote people's involvement by ensuring appropriate methods of communication were used. Systems were in place to ensure complaints could be made and investigated.

Sufficient arrangements were in place to cover the absence of the registered manager. Systems and processes were in place to assess, monitor and improve the quality and safety of services. The service was focussed on achieving good quality outcomes for people using the service and worked in partnership with other health and social care professionals to ensure people received appropriate care. People, relatives and staff had opportunities to engage and be involved in the development of the service.

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? The service remains 'Good.'	Good
Is the service effective? The service remains 'Good.'	Good
Is the service caring? The service remains 'Good.'	Good
Is the service responsive? The service remains 'Good.'	Good
Is the service well-led? The service remains 'Good.'	Good

Beeches

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 comprehensive inspection took place on 6 March 2018 and was unannounced. The inspection was completed by one inspector. We made phone calls to staff and relatives on the 7 and 8 March 2018.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. Where an incident could be subject to criminal investigation, the circumstances of that specific incident were not investigated as part of this inspection. We did however look at the associated risks. These included management of risks associated with people's care needs.

As part of our inspection visit we asked the provider to send us additional information regarding quality assurance and care planning; this was received.

During the inspection we spoke with three members of care staff, the chef, the acting manager, the deputy manager and the regional manager. We met with five people who used the service. Not everyone was able to fully share their views on the quality of the service and so we spoke with four people's relatives. We contacted the local authority commissioning team and Healthwatch Nottinghamshire for feedback about the service. No concerns were raised by them about the care and support people received. We looked relevant parts of three people's care records. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Systems were in place to help people stay safe. One person told us they played computer games and we saw another person used social media. We saw appropriate steps had been taken to help people keep safe online. Relatives we spoke with told us they felt their family members were safe. One relative told us they knew they felt safe because, "They are always delighted to go back, they are very settled and very happy." Staff understood how to identify signs of abuse and preventable harm and knew how to report these; staffs' knowledge in safeguarding adults had been supported by training in this area. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Actions were taken to reduce known risks. Staff understood risks to people and what actions to take to reduce these. For example, staff told us one person had experienced an increase in behaviours that challenged. Staff told us they were aware of the arrangements in place to reduce and manage these risks; we saw these were reviewed daily by management. Some staff raised concerns over the adequacy of further protective equipment. We discussed this with the manager who took action to ensure all staff had access to appropriate equipment. We saw other risks were identified and staff understood what steps were needed to manage these. For example, how to maintain a safe environment for people with pica, and how to reduce risks to a person should they experience an epileptic seizure. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

Sufficient numbers of staff were available for people, including those people who required individual staff support. In addition, staff were available to accompany people on trips and activities. Some staff told us that on some occasions they felt staffing levels were under pressure; they told us this had been affected by a variety of issues including changes in people's needs, some staff leaving and the use of agency staff to cover. The manager had used a variety of ideas to recruit and retain staff and records showed staffing levels had been calculated to meet people's needs and was kept under review. Staff told us and records confirmed, checks were made on their suitability to work with people using the service as part of their recruitment. These checks included a disclosure and barring service check, checks on previous employment history and obtaining references. Sufficient staff were deployed and recruitment practices checked on the suitability of staff to be employed.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. We checked a sample of medicines administration records and found most had been completed satisfactorily. We observed there had been a small number of errors which had occurred, however people had not come to any harm as a result of these. The manager told us these would be subject to medicines error reporting whereby they would be reviewed to identify any lessons learnt and prevent further reoccurrence.

Suitable measures were in place to prevent and control infection. Staff had received training and understood how to prevent and control infection. Staff told us and our observations showed they had adequate supplies of gloves and aprons to help prevent infection.

We found a system was in place to ensure lessons were learned and improvements made when incidents or accidents occurred. Records showed arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening.

Good

Is the service effective?

Our findings

The 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. 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).

Our observations showed staff checked people's consent; for example staff checked people were happy to talk with us. Staff we spoke with understood the importance of only providing care to people with their consent. Records showed the service was working within the principles of the MCA. For example policies covered the MCA and making decisions in a person's best interests had been followed. Applications for DoLS authorisations had been made when needed and a system was in place to monitor and meet any associated conditions. People's consent to their care and treatment was sought by staff in line with the MCA.

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with them. Records showed how people's disabilities and health conditions had been assessed and what care was required to meet people's needs. For example, whether food and drink was required in a modified texture to help reduce the risks from choking. In addition, other protected characteristics, such as a person's culture or faith were identified and steps taken to meet those associated needs. Assessment processes were in line with current legislation and standards and helped to achieve effective outcomes for people, including helping to prevent and reduce the impact of discrimination.

Relatives spoke highly about the choices and quality of food provided. One relative said, "[My family member] loves their food and it's always available, so if we are back late it's not an issue. They choose their own breakfast and serve it up themselves; there is a wide variety of healthy foods and they are allowed to choose unhealthy snacks too; the chef is brilliant." Staff were knowledgeable about people's different dietary requirements and records showed where people's food and fluid intake required monitoring this was completed. People were supported to maintain a balanced diet.

People were supported to live healthier lives by receiving on-going healthcare support. For example, records showed one person had received treatment at a dentist and had been monitored afterwards. Occupational therapy input helped people maximise their independence skills when completing day to day activities. Relatives told us, and records confirmed input from other health professionals contributed to reviews of people's care. This included input from a psychiatrist, speech and language and occupational therapist. We observed staff communicated together to ensure people received effective support. Records showed where staff contributed their knowledge to reviews of people's care plans. Staff teams worked well together and with other professionals to deliver effective care.

Staff told us and records confirmed they received regular training to have the skills and knowledge to meet people's needs effectively; this included training in specific health conditions such as epilepsy and pica. Staff told us they worked alongside more experienced staff when they first started to help them understand people's needs. One staff member told us, "All the staff are ever so helpful; it's a supportive team and if I have any problems I can ask anyone." Staff told us they received supervision and they could talk to the management team at any time if they required support.

People told us they had enjoyed personalising their rooms to suit their own tastes; where people were happy to show us their rooms we saw their interests and hobbies had been reflected. These were also reflected in shared areas, for example people had use of a computer room. People's individual needs were met through the adaption of their premises when needed.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. One person told us, "It's good," when they were telling us they enjoyed using the computer equipment. A relative told us, "[My family member] is a happy young person and staff get joy from looking after them; they enjoy their company." They also told us they knew their family member was happy living at the service because after visits to their family home they would be, "Delighted to go back [to Beeches]; they are very happy and very settled." Staff told us they were confident their team members showed a caring approach to people using the service. One staff member said, "All staff are 110% caring and kind." We observed staff interacted positively with people and understood people's behaviours and knew what actions to take to prevent people experiencing undue anxiety.

Staff spoke about providing care to respect people's dignity and promote their independence. One staff member told us of the support they gave to ensure a person was always dressed appropriately so as to maintain their dignity. Another staff member spoke about how they encouraged people's independence with personal care. Relatives commented on how well presented their family member looked. One relative said, "Staff look after their hair and nails and support them to shave every day." One person was at college when we inspected and other people enjoyed regular activities in the local community. People received care that respected their dignity and promoted their independence.

People were actively involved in making decisions about their care. Minutes of a meeting showed how people had given feedback on their favourite activities and trips out. Some people had used pictures and another person preferred to sit with staff and write their views down. People were given sufficient time to contribute their views in their own ways. Care plans reflected people's views and preferences and these had been regularly reviewed with them. The service used flexible and inclusive methods to support people to express their views.

Good

Is the service responsive?

Our findings

People told us about their hobbies and interests and these were available for people to enjoy when they were spending time at home. One person showed us the computer room; another showed us their film and book collections. Staff were knowledgeable on what people enjoyed doing, for example one staff member told us, "On the computer [this person] likes looking at maps." Where people used sensory therapies these were assessed and planned to be suitable to people's needs and abilities. During our inspection one person used the sensory space to listen to their music. One relative told us, "[My family member] goes out horse riding, swimming and walking; there's a range of activities." People enjoyed how they spent their time and took part in activities they enjoyed.

People's care plans contained information on what was important to people, such as their family contact arrangements and staff were knowledgeable on these. Relatives told us staff would regularly update them and they were satisfied with how any visits were planned. One relative told us, "Staff phone us once a week." No-one was receiving end of life care at the time of our inspection; the manager told us this would be planned and would involve relevant health professionals if this was ever required. Care was centred on people's individual needs.

People's communication needs were assessed. People used visual timetables to help orientate them through activities such as washing in the shower and participating in a meeting about the service. Staff were knowledgeable on how to communicate with people, and especially how some people required a longer time in order to process information as a result of their autistic spectrum diagnosis. The staff involved people in discussions about their care and their communication. For example, care plans showed where people had contributed and signed to say they had contributed to the planning of their care. We saw people were involved in meetings about the service and the activities they preferred. The Accessible Information Standard was being met.

The provider had a formal complaints policy in place to manage any complaints should they be received. Relatives told us they were happy any issues were resolved and felt confident to raise these. One relative said, "I have very little cause for complaint; queries are answered quite promptly." Another relative told us they spoke with staff when their family member missed a haircut; they told us this was resolved to their satisfaction. Records showed any complaints were recorded and investigated. Processes were in place so complaints and feedback would be handled in a transparent manner and used to inform improvements to the service.

Good

Is the service well-led?

Our findings

The service is required to have a 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 provider had notified the Commission about a period of absence taken by the registered manager at the time of our inspection. The provider had made arrangements to cover the registered manager's absence; we found these arrangements were sufficient and included the appointment of a manager to cover the absence. The manager understood when notifications were required. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required. People told us they knew the manager and told us they found them approachable.

Records were generally well maintained. We found some medicines administration records were not always legible and records for wound care did not always show whether wounds had healed or still required treatment. We discussed this with the manager who told us they would take action to improve these areas. Other systems and processes were effective at assessing and monitoring the quality and safety of services. Audits checked on areas such as medicines and health and safety; other management processes monitored any complaints, safeguarding referrals and accidents and incidents. Staffing levels and staff issues were also monitored; this included talking with staff when they chose to leave the service. This helped the manager understand and identify actions that could be taken to help retain staff. These overall governance arrangements helped to identify any trends, learn from when things went wrong, manage risk and provide assurances on the quality and safety of services for people.

The service's aims were centred on the needs of people using the service. Staff were trained in areas consistent with the service provided, for example in positive behaviour support. Relatives consistently told us they were confident in the service's ability to meet their family members' needs. One relative told us, "Staff have a high level of training on autism; they just understand how the autistic mind works." Relatives also told us and records confirmed, where other health and social care professionals had been involved in their care and treatment. The service was focussed on achieving good outcomes for people by the involvement of other appropriate professionals and promotion of a culture that centred on people's needs.

Records showed people contributed their views on their care and treatment through a variety of ways, depending on what communication method suited them best. Relatives told us they had received a survey asking for their views on the service. Relatives also told us they were asked for their views at regular review meetings of their family members care and support. Staff told us and records confirmed their views were sought in the review and development of the service and people's care; this was through reviews of people's care plans as well as staff meetings. Staff we spoke with were enthusiastic and positive about the quality of care they provided. Systems were in place to actively engage and involve people, relatives and staff in the service.