

Care In Style Limited

Beacon House

Inspection report

18 Albion Road
Westcliff on Sea
Essex
SS0 7DR
Tel: 01702 307370
Website: careinstyle.org

Date of inspection visit: 13 October 2015
Date of publication: 09/11/2015

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	

Overall summary

This inspection took place on 13 October 2015.

Beacon House provides accommodation for up to five people who have a learning disability. There were three people living in the service on the day of our inspection.

There was a registered manager in post. 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.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People told us that they felt safe and comfortable living at Beacon House. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Summary of findings

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications appropriately when needed. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs

had been assessed and catered for. The support plans provided staff with sufficient information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were systems in place to monitor the quality of the service and to deal with any complaints or concerns.

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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services had been accessed when needed.

Good



Is the service responsive?

The service was responsive.

People's care plans were detailed and informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Good



Beacon 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.

This inspection took place on 13 October 2015, was unannounced and carried out by one Inspector.

We reviewed the information that we held about the service. This was limited as Beacon House is a small and relatively new service.

We spoke with all three people living in the service at the time of our inspection. We spoke with one relative, two social care professionals and two advocates. We also spoke with the registered manager, the senior care co-ordinator and care co-ordinator for the service. We spoke with a team leader and three support workers. We reviewed two people's care records and two staff members' records. We also looked at a sample of the service's policies, audits, training records and staff rotas.

Is the service safe?

Our findings

People told us that they felt safe. They were comfortable and relaxed in staff's company, they responded positively to staff interaction. A relative told us that people were safe, happy and well looked after.

The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed and visual reminders such as posters and flow charts. Staff had been trained and had received regular updates in safeguarding people. One staff member said, "I would always report any concerns immediately."

Risks to people's health and safety were well managed. People were supported to take every day risks such as accessing the community. Risk assessments had been carried out and there were clear management plans on how the risks were to be managed. A social worker told us that the service had produced good risk assessments to support the person safely. The service worked with people to help them to understand the risks involved with their care and individual choices. One person told us, "People here support me to do the things I want to do safely."

Staff had a good knowledge of each person's identified risks and described how they would manage them. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates were in place for the premises.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed to ensure the flexibility needed to meet people's individual needs such as accessing the community and

being supported during a stay in hospital. Staff told us that there were enough staff on duty and one staff member said, "We have the time to give people the support that they need." Staff were present and responsive to people's needs at all times. The staff duty rotas showed that staffing levels had been maintained to ensure good support for people.

The service had clear recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People's medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Robust competency checks had just been introduced to ensure that staff managed all aspects of medication administration correctly. This was being undertaken amongst the staff team. A team leader told us, "I was the first and it was very thorough." There were systems in place for ordering, receiving and storing medication. Opened packets and bottles of medication had been dated when opened and a list of staff signatures was available to identify who had administered the medication to ensure a good audit trail. Protocols were not available for the management of medicines to be used on an as and when basis. The care co-ordinator said that this was in hand.

Daily checks had been recorded, audits undertaken and medication records had been appropriately completed to show that medication had been administered safely. People received their medication as prescribed.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the manager and care co-ordinators were always available for support and advice when needed. One staff member said, “Management are fully supportive, you learn something every day.” Another said, “I felt very well supported when I started, the training and support on offer is very good.” Staff told us, and the training records confirmed that they had received training which included, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as epilepsy and communication skills relating to working with people with a learning disability. The service showed a commitment to ensuring that it provided a well trained and skilled workforce. During our inspection a tutor was visiting to sign further staff up to undertake a diploma in health and social care. Many staff had already completed this at levels two and three, or were already working towards this award.

Staff had received a thorough induction to the service where they shadowed a more experienced member of staff, undertook core training and worked through Skills for Care core induction standards. Staff records showed that staff had received opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An appraisal system was also in place to ensure staffs’ continued development.

The manager and staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act. The service took the required action to protect

people’s rights and ensure that they received the care and support they needed. Applications had been made in respect of people requiring one to one support. There were assessments of people’s mental capacity in the care files that we viewed. During our inspection we heard staff asking people for their consent before carrying out any activities. People had been involved in their care planning and in saying how any risks were to be managed. This meant that decisions were made in people’s best interests and in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People chose what they wanted to eat and drink. One person told us, “The food here is very good, It’s like a hotel.” People were encouraged to be involved in meal preparation to increase their daily living and independence skills. One person told us about the things they had recently enjoyed cooking and clearly felt a sense of accomplishment at their achievements. People’s likes and dislikes were recorded. Menus were planned around this but flexible on any given day according to people’s choices. Records were kept of what people ate and drank in order that any emerging issues with diet would be quickly identified.

People’s healthcare needs were met. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as neurologists, and the behavioural support team. There were health action plans in place on the care files that we viewed. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people’s specific healthcare needs and how they are to be met.

Is the service caring?

Our findings

People were relaxed and happy throughout our visit and went about their own preferred routines. There was good staff interaction at all times. Staff displayed kind and caring qualities.

People told us that the staff were kind and caring. One person said, “The staff here are all amazing.” A relative told us, “All the staff are kind and helpful, they communicate with us well.”

People were treated with dignity and respect. For example, people were not rushed to undertake tasks or activities but were offered gentle encouragement. An example was given about how one person was supported in the community so as not to draw attention to the fact that they had a support worker. A recent visitor’s survey had concluded, “Dignity and respect is an everyday occurrence.”

People had been involved as far as possible in planning their care. One person told us, “I do feel listened to, and

staff are supporting me to achieve the things I want.” Care records provided good information about people’s needs, likes, dislikes and preferences in relation to all areas of their care. From discussions with staff it was clear that they all had a very good understanding of people’s individual needs and supported them accordingly.

Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. We spoke with two advocates working with people using the service. They were very positive about the service and felt that the people they worked with were well supported and thriving in their environment.

A relative told us that they were able to visit the service whenever they wanted to. They told us they were always made to feel welcome and that staff were kind, caring and respectful when they visited.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. There were informative support plans in place that had been devised from a robust pre-admission assessment and transition arrangements. A relative told us, “You just can’t fault the care and support given.”

We saw that appropriate goals had been set in line with people’s individual preferences to help them to achieve what they wanted to. One person told us, “The staff here are helping me to achieve what I want and get to where I want to be.” A social worker told us that they had been happy with the care plans and risk assessments devised. They felt that staff understood the desired outcomes and were working towards these. A visitor’s survey completed stated, “Choice and independence are uppermost ways of delivering the service.”

An advocate told us that the service was, “Fabulous.” They told us that the service was very responsive to the person’s complex needs, understood their triggers and managed their behaviours and care very well.

People regularly accessed the local community in line with their individual preferences and assessed needs. People went to the shops, colleges and day centres with support, or independently used community resources such as the library and cinema. The service worked to ensure that people did not become socially isolated and supported people in identifying groups or activities that may be of interest to them.

People were encouraged and supported to maintain relationships with their family and friends. Where people did not have specific supporters the service had arranged not only advocacy services but also a ‘befriender’ to ensure that good support was available to them.

A relative told us that they visited regularly and that staff were very proactive in keeping them informed about their relatives care.

The service had a complaints process in place. No complaints about the service had been made. A relative told us they had never had any complaints, but if they did were confident that these would be dealt with effectively. People’s views were sought on a one to one basis, and any issues addressed in line with their wishes.

Is the service well-led?

Our findings

People told us that the service was well led and managed. People demonstrated through their interactions that staff and the management team were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well. There was a real 'family' feel to the service, with people's individual needs and abilities respected and understood.

Staff were positive about the management of the service. They said that the manager and care co-ordinators were very visible and approachable. They felt that they could raise any issues and feel listened to. One member of staff said, "The service is well managed and well organised. We all understand why we are here and how we need to work to support people."

The care co-ordinator explained how ethos of the service was made clear to staff from the point of recruitment and reinforced through one to ones and daily interaction and monitoring. Staff were able to demonstrate the ethos in their practice and promoted positive and respectful relationships with people.

There was good teamwork in the service and staff provided good support to one another. Staff meetings occurred and

handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people's needs.

The manager was very aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided.

Information about people was stored securely and, where possible, people had signed their consent for their information to be shared with relevant parties if needed.

There were some formal processes in place to support this. The service had a system of 'Champions' across the organisation's services to ensure staff support, a consistency of approach and support with any issues arising. Champions were in place for The Mental Capacity Act and Deprivation of Liberty, medication, nutrition, behaviour, safeguarding and control of substances hazardous to health.

Some audits had been undertaken in relation to health and safety, premises and medication, with matters arising being addressed. Audits undertaken were stated to be 'monthly', but had not been maintained as such. The care co-ordinator undertook to address this and told us that they were also introducing a formal infection control audit.

Overall people were satisfied with the quality of the service and made comments such as, "I am very happy and well supported here."