

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechwood is a residential care home providing care and support to four adults with learning disabilities. Beechwood is a terraced house in a residential area of East London.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received a safe service. People told us they felt safe with their staff. People were supported to take their medicines in a safe way. Risks people faced during their day to day lives had been assessed and steps put in place to mitigate the risks. Staff were recruited in a safe way. People told us there were enough staff on duty. The home was clean and people were protected by the prevention and control of infection.

People were involved in reviewing their needs assessments, with their family involved where they wished for this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff told us they received regular supervision and had the training they needed to do their jobs. People told us staff helped them with their health and any appointments. There had been improvements to the health records and information was now clear and easy to find. The provider had made adaptations to make the building suitable for everyone who lived in the home.

People told us staff were kind and we saw positive, compassionate interactions between people and staff. People were involved in making decisions about their care. People's relationships and religious beliefs were promoted and supported. People were treated with dignity and respect.

People were supported to attend a range of in house and external activities. Staff had positive working relationships with other agencies involved in providing support to people. People were supported to see their friends and be active within their community. Care files were reviewed and updated regularly. The provider had taken action to sensitively explore people's end of life wishes.

We saw people were comfortable and confident in the company of the management team. The provider had taken appropriate action to address our previous concerns and there were now clear structures in place to monitor the quality and safety of the service. There was a person-centred culture in the home that was embedded across staff of all grades.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 26 July 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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,

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechwood Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Beechwood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider is a registered manager of a different location, and a second manager, also registered at a different location had been supporting the service. The provider told us about their plans for the future of the registered manager role within the service.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this and give staff time to prepare people for our visit.

What we did before the inspection

Before the inspection we reviewed the information we already held about the service. This included information the provider had submitted to us in the form of notifications. We reviewed the action plan the provider had sent to us following our last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with two people who lived in the home and made observations of the support they received. We spoke with five members of staff including the provider, a manager, a deputy manager and two support workers. We reviewed two people's care files, including care plans, risk assessments, health and medicines information. We reviewed two staff files including recruitment, supervision and training records. We reviewed meeting records, audits, and other records and information relevant to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person named the staff member they would tell if they ever felt unsafe.
- Staff described how they would respond to any concerns that people were being abused or harmed. They knew how to escalate concerns if they were not happy with what actions were taken.
- There had been no allegations of abuse or harm since the last inspection.

Assessing risk, safety monitoring and management

- Care files contained detailed information about the risks people faced and the support they needed to stay safe.
- There were detailed plans to inform staff how to mitigate risks relating to people's mobility and health issues. Where people could behave in ways that put themselves or others at risk of harm there were clear guidelines in place to ensure staff knew what to do to reduce the risks.
- Risk assessments were reviewed regularly and were updated when necessary.
- Staff supported people to manage their finances. There were robust systems in place to ensure the risks of financial mismanagement and abuse were mitigated. We checked people's financial records and found they were complete and accurate.

Staffing and recruitment

- People told us they liked the staff who had been recruited to work in the service. People told us there were enough staff on duty.
- We reviewed the rota and saw enough staff were scheduled to ensure that people's needs were met. Staff told us shifts were covered, but identified it could occasionally be difficult to cover when staff went on holiday.
- The recruitment records reviewed showed the provider had followed a robust recruitment process that established applicants had the approach needed to work in the service. The provider carried out appropriate checks to ensure staff were suitable to work in a care setting.
- The provider told us how they used an agency to support their recruitment efforts and had tried to recruit a registered manager. However, that appointment had not been successful and they continued to look for the right candidate.

Using medicines safely

- At our last inspection we made a recommendation about medicines care plans. The provider had followed our recommendations and there were now clear and up to date medicines care plans in place. These

included the information needed to ensure people were supported to take their medicines safely.

- We checked the medicines records and stocks and found the records were clear and complete. The medicines stocks matched the audits completed by staff. Medicines were stored safely.

Preventing and controlling infection

- At our last inspection we made a recommendation about preventing and controlling infection. The provider had taken action to address the concerns we raised at our last inspection. The bathrooms were clean and the home was free from malodours.
- Staff were seen to be following good hand hygiene practice and told us they were easily able to access personal protective equipment when needed.

Learning lessons when things go wrong

- The provider had a clear policy and procedure in place for when incidents and accidents occurred. Staff knew how to respond to incidents and told us they would make sure people were safe and then report and record incidents appropriately.
- There had been no incidents or accidents within the service since our last inspection. Two people had been involved in incidents and accidents while attending other services. The provider had worked with the other services and shared information to ensure people were supported appropriately following incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection the service had not submitted notifications to us about people being deprived of their liberty. They had since submitted notifications, and had told us about recent authorisations that had been agreed. The provider had identified where people were restricted by their care plans and had appropriately assessed capacity and applied for authorisations.
- People told us they were able to make their own decisions. One person said, "I make my own choices."
- Care plans contained detailed descriptions of people's communication to help staff to understand how people were making decisions. There were details to explain to staff how to offer choices so people could make them. For example, one care plan explained the person could choose between items of clothing, but could not decide whether clothing was appropriate for the weather.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- At our last inspection in July 2018 we found information about people's health needs was disorganised and difficult to follow. Records relating to people's health and wellbeing had not always been appropriately maintained. The provider had taken action to address these issues and health files were now clear and well organised.

- People told us staff supported them to visit healthcare professionals when needed. One person said, "I go to the doctor. Staff come with me." Staff told us, and care files confirmed, some people needed additional support and preparation to engage with healthcare services. There was clear guidance in place to facilitate people to engage with healthcare services.
- Records clearly showed staff raised concerns about people's health with appropriate professionals and incorporated advice and guidance into care plans. Staff had quickly raised a concern that one person's sleeping pattern had changed with the relevant healthcare professional. Subsequent records shows a change in medication had a beneficial impact on the person whose routine had returned to their normal pattern.
- People living in the home also used a range of other services. Staff communicated clearly with the other services involved in providing care and support to people. There were regular telephone calls and shared records to ensure people received consistent and coordinated care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People who lived in the home had done so for a long time, and no new people had moved in since our last inspection.
- As part of the work completed since our last inspection, the provider had completed re-assessments of needs for people living in the home. The new deputy manager had introduced a new format which emphasised the goals and desired outcome of each support plan. The format was clear and easy to follow. There was a high level of detail about people's needs and how to support them.
- Staff we spoke with knew the people they supported very well. They described the support they provided in detail and this matched the information contained within the care plans.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they received regular support and supervision from managers who worked for the provider.
- New staff completed a comprehensive induction to the service which included details about people's needs as well as the tasks they needed to complete across the home.
- Records showed staff completed training in areas relevant to their roles. For example, staff had completed training in autism and learning disabilities. Staff told us they liked to have a mix of online training and classroom based learning.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people were supported to prepare balanced and nutritious meals of their choosing. There was an accessible menu in place, and records showed people were involved in making choices about meals.
- Care plans contained details of people's dietary needs and preferences. Where people needed to eat more or less of a particular type of food for health reasons this was clearly recorded. There was clear information about how to encourage people to make healthier choices about their food.
- Staff monitored people's weight to ensure people were getting sufficient nutrition.

Adapting service, design, decoration to meet people's needs

- At our last inspection in July 2017 staff had requested one person have an en-suite bathroom fitted as they had started to disturb other people during the night. We saw this had been completed and the person now had their own bathroom. Staff told us this had reduced the night time disturbance for other people.
- Since our last inspection the home had been visited and inspected by the London Fire Brigade. They had made some recommendations to ensure the service was safe to meet people's needs. The provider showed us their action plan and records of liaison with contractors to demonstrate they were in the process of addressing these issues.

- People had access to the equipment they needed to be able to use their home safely. We saw staff supported people to navigate their environment. One person said, "My room is just how I like it, thank you."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff supported people in a kind and sensitive manner. One person started to behave in a way that indicated they were becoming anxious and staff responded quickly to remove the source of their anxiety.
- One person said, "Staff are nice. I like [named staff member]."
- Care plans included details of people's cultural background and religious beliefs. People were supported to engage with activities that reflected their culture and beliefs. Two people living in the home were supported to attend their place of worship. A staff member explained, "It's very important for them to go to [place of worship]. They've been going a long time and are well known by the community."

Supporting people to express their views and be involved in making decisions about their care

- People's views about their care and support were clear in their support plans. For example, some people were particularly anxious about aspects of their care and there was clear information and guidance in place to support people to manage their anxiety.
- Where people had family members who wished to be involved with their care, staff at the home facilitated this. People were supported to stay in contact with their family if they wished to do so.
- Throughout the inspection we saw people were offered choices and were able to make their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- One person said, "I do things I can by myself." Care plans emphasised the aspects of care that people could complete by themselves and instructed staff to ensure people maintained their skills.
- Where people occasionally behaved in a way that compromised their own dignity, there was clear guidance in place to support them to maintain their dignity. Records showed staff responded quickly when this happened.
- People told us they were able to spend time on their own when they wished, and staff respected the privacy of their bedroom. We saw staff knocked on people's doors and asked permission before coming in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At our last inspection we found out of date and incomplete information within people's files regarding their end of life care plans. This had been addressed and we saw people had been supported to consider their wishes should they reach the last stages of life.
- Some people living in the home did not have capacity to make decisions about their end of life care and treatment. We saw the provider had liaised appropriately with family members, advocates and social workers to agree appropriate arrangements should be required end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection in June 2018 we had found care files were not always up to date and did not always include information about how to meet people's current needs. The provider had taken action to address these issues.
- People's day to day choices were recorded in their records of care. Records showed people received their care as planned, in line with their preferences. People's care was reviewed monthly and if needed changes were made to ensure care plans were kept up to date.
- People attended structured activity programmes, where they wished to do so. It was clear from their care plans and records that people valued attending the various activity centres where they were able to spend time with their friends. One person told us, "I like to go to [activity centre] so I can see [named friend] and have a chat."
- Within the home people were supported to be involved in a range of domestic tasks, as well as in-house activities. One person was reluctant to leave the home, and staff ensured a range of activities within the home took place. For example, regular aromatherapy and music sessions took place.
- The home had continued to hold regular meetings for people who lived in the home where people discussed the in-house activities and gave feedback about them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living in the home had detailed communication support plans in place. These had been developed

in collaboration with speech and language therapists and other services involved in supporting people.

- The home's complaints policy was available in an accessible format. The home use photographs and images to facilitate house meetings and for menu planning.

Improving care quality in response to complaints or concerns

- Staff told us how they would respond to complaints or concerns raised by people. They told us they would listen carefully and make changes where they could. They described following the provider's complaints policy.
- The provider's policy included details of how to escalate concerns if people were not happy with the initial investigation and response.
- There had been no complaints since our last inspection. People had not raised any concerns in meetings or reviews.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection in June 2018 we had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because health and safety checks were not being completed as required, and management audits had not identified or addressed issues with care records. After the inspection we met with the provider as they had been rated Requires Improvement twice.
- After the last inspection the provider submitted an action plan to address our concerns. They identified the need for additional support and employed a consultant to support them to develop an effective audit framework. They had employed the consultant for three months. The consultant had completed three full audits of the entire service and created action plans for the provider to complete. We saw all the actions identified by the consultant had been completed. The provider had continued to use the framework provided by the consultant for ongoing audits. Any issues that had been identified had been completed.
- The previous registered manager had left the service soon after our last inspection. The provider demonstrated they had attempted to recruit to this vacancy but had not yet found a suitable applicant. In the interim the provider and a registered manager from a sister service also run by the provider were providing management support to the home. Staff told us they were receiving regular supervisions and felt supported. A new deputy manager had recently been appointed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere in the home was friendly and focussed on the people whose home it was. People were relaxed in the presence of staff and communicated easily with their support workers and the management team.
- Records showed staff meetings were taking place regularly. As well as discussions on workload and duties of staff, there were detailed discussions about the people who lived in the home. The focus of the meetings was ensuring people were being given the support they needed to live lives of their choosing.
- Since starting to work at the service the deputy manager had introduced a new format to care plans which emphasised the importance of outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents or accidents within the service since our last inspection. The provider had

submitted notifications of other events as required.

- The provider had a clear policy framework which clarified who needed to be told if things went wrong. There were clear records of communication between the staff from the home and other agencies and family members involved in providing care to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People living in the home were consulted by the provider about any changes to the service.
- People were supported to access and be involved in their local community. Staff told us people were known at the local shops, as well as their places of worship.
- Records showed staff worked closely with other agencies involved in providing care to people.
- The provider continued to attend the local registered managers' network facilitated by Skills for Care. They told us they found this useful as they were able to meet with other small providers in the area.