Imperial Care Services Limited

Beulah Lodge

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 November 2018 and was unannounced. This was the first inspection of Beulah Lodge since being registered under this provider in November 2017.

Beulah Lodge is a 'care home'. People in care homes receive accommodation and 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. Beulah Lodge is registered to provide personal care for up to 5 people. There were 5 people living at the service at the time of our inspection all of whom had a learning disability.

Beulah Lodge 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 were living as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us that staff were kind and caring and treated people with respect. This was confirmed by our observations. People were satisfied with the quality of care they received. They enjoyed the meals provided and said they had sufficient to eat and drink.

People's health care needs were monitored and they had access to appropriate external health care professionals where required. People had the opportunity to participate in a range of activities at the home and in the community. Staff supported people to stay in contact with the people that mattered to them. Relatives and friends were welcomed at the service.

People received personalised care because they were supported by a consistent staff team who had worked at the service for many years. Staff knew people well and understood their routines and preferences. This was despite some aspects of people's care plans not being personalised.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been completed where people's capacity was in doubt. When necessary people received the support of an external advocate to help them make decisions relating to their care. Staff gained consent from people before care was delivered.

There were appropriate plans in place to ensure that risks to people were managed effectively. Staff understood what to do to minimise risks in relation to people. Staff understood what to do if an emergency

occurred at the service.

People told us that they felt safe at the service. Staff had received training in safeguarding people from abuse and they had good knowledge of what they needed to do if they suspected abuse. The provider had not recruited any new staff to work at the service since taking over the service but had an appropriate recruitment process in place.

There was a sufficient number of staff to support people when they needed it. People felt that staff were competent in their roles. Staff received training and supervision and felt supported by the registered manager and provider.

People's medicines were managed safely by staff who had received relevant training. Staff understood the need for good infection control practice to reduce the risk of spreading infections. The environment was set up to meet the needs of people living at the service.

There were systems in place to assess the quality of care and to make improvements. This included audits and residents' and staff meetings. Improvements had been made as a result of these measures.

The provider had not received any complaints but there was a system in place to ensure that complaints were recorded, investigated and responded to appropriately. People and staff felt the service was well-managed. Staff said they felt valued. We could see that the staff team worked well together and that staff enjoyed working there.

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.

People were protected against the risk of abuse. There were sufficient staff to meet people's needs.

Appropriate plans were in place to assess and manage risks to people. Staff understood what they needed to do in the event of an emergency.

People's medicines were stored, administered, recorded and disposed of safely.

Is the service effective?

Good

The service was effective.

People enjoyed their meals and had enough to eat and drink. People had access to external health care professionals and were supported to maintain their health.

Staff received relevant training and supervision which helped to ensure they provided appropriate care. Staff understood and knew how to apply the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion and respect. People's dignity was respected and promoted.

People were involved in making decisions about their care as much as they were able. Staff supported people in a way which encouraged independence.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's care records were not always person-centred. However, people received personalised care which met their needs because they were supported by a consistent staff team who knew them well.

People had the opportunity to participate in activities and were protected from social isolation.

People's preferences and dislikes had been taken into account and support was provided in accordance with their wishes.

People were supported to maintain contact with their relatives and friends who were able to visit when they wished.

There was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well- led.

There were systems in place to assess and monitor the quality of the service.

The provider actively sought and encouraged people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

Beulah Lodge

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 November 2018 and was unannounced. The inspection was conducted by a single inspector.

Prior to the inspection we reviewed the information we had about the service. This included registration information. During the visit we spoke with four people, the registered manager and a member of staff. We looked 5 people's care records, medicine administration records as well as staff training and supervision records. We reviewed records relating to the management of the service as well as the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe with staff. One person told us, "The staff are very nice to me." Another person told us, "They make sure we are safe."

Staff had received safeguarding training and understood their responsibility to protect people from abuse. They knew what constituted abuse and how to recognise the signs of abuse. Staff told us who they would report their concerns to within the service and how to escalate their concerns outside of the service. A staff member said, "I know the number for the council's safeguarding department and I would also contact the CQC if I thought somebody here was being abused." Staff also told us they would use the provider's whistle-blowing procedure to report poor practice if they needed to.

Risks to people's personal safety had been assessed. For example, in relation to issues such as self-injurious behaviour and being in the community. Risk management plans were in place to minimise these risks. The risk management plans in place gave information to staff on how to help keep people safe while supporting them to develop their independent living skills. For example, people had been given "travel training" which allowed them to access public transport safely when they wanted to without staff accompanying them.

Although there had not been any accidents or incidents involving people's safety, staff knew what to do in the event of an accident or incident such as choking. They also understood the importance of accurate recording and prompt reporting to the registered manager and emergency services if required.

There were safe systems in place in relation to ordering, storing, administering and recording people's medicines. People received their medicines safely and as prescribed. People's medicines were stored in a locked cabinet. Staff had received training in the safe administration of medicines and felt confident in supporting people with their medicines. People's care files contained up to date information on people's medicines including the reason they had been prescribed. Staff made appropriate entries in people's medicines administration records (MAR). A senior staff member checked staff practice in medicine management daily to ensure people had received their medicines as prescribed. Unused medicines were disposed of safely.

The provider had infection control policies and procedures in place which provided staff guidance on how to prevent and minimise the spread of infections. We found that all areas of the home were warm, clean and tidy and free from any unpleasant odours. Training records showed that staff had completed training in infection control and food hygiene.

The premises were well-maintained. Staff regularly conducted assessments of the home environment including fire equipment and alarms. There were also service agreements in place to ensure that the gas, water and electricity supplies were regularly checked and serviced by external companies.

There were sufficient care staff to meet the needs of people and help keep them safe. People told us there was always at least one member of staff at the home. Staff were deployed flexibly to meet people's needs.

This meant that if for example, a person had a health care appointment and required the support of staff an additional member of staff would be on duty.

The provider had not recruited any new staff since taking over the service but had a system in place to ensure that appropriate checks would be conducted on any new staff. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience.

Good

Is the service effective?

Our findings

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. 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. The application procedures for this in care homes and hospitals are called the 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. Nobody living in the home was subject to a DoLS at the time of our inspection.

We observed and people confirmed that staff asked for their consent before providing support to people. Records indicated that best interest decision assessments had been completed in relation to specific decisions people needed to make. For example, we saw that a best interest meeting had been arranged in relation to whether a person should have dental treatment.

People and relatives felt the staff were competent in their roles. One person told us, "They look after us very nice." Another person said, "I'm well looked after." Staff were sufficiently qualified, skilled and experienced to meet people's needs. People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. Staff told us they had regular training which equipped them to carry out their roles. Records confirmed that staff had undertaken the provider's mandatory training which included training in infection control, safeguarding and managing medicines. Staff had also received training to meet the specific needs of people using the service such as, training in managing behaviour that may challenge.

Staff received appropriate support that promoted their professional development. Staff had regular meetings with the registered manager as a group to discuss their role, training and how they could improve the service. One staff member told us, "We have meetings with our manager. We discuss what we can change to make things better for the people here." The registered manager and staff told us that one-to-one supervision meetings also took place where staff had the opportunity to discuss matters personal to them. However, the registered manager told us they did not routinely keep notes of these meetings.

The environment was set up to meet the needs of people living at the service. The service was well decorated and homely. People had a sufficient amount to eat and drink. They told us they enjoyed the meals offered. One person said, "We usually have sandwiches for lunch and then a nice dinner." Another person told us, "There's lots of food to eat. I have enough to eat." People were encouraged to help themselves to fruit and hot or cold drinks between meals which helped to ensure people were well hydrated.

We saw evidence in people's care plans that a range of health care professionals were involved in their care. People had annual health checks with their GP, scheduled trips to the dentist and optician. Prior to moving into the service, people's needs had been assessed to ensure that the service was appropriate for them. Care and support was planned and delivered in line with current evidence-based guidance such as the National Institute for Health and Care Excellence (NICE) guidelines on challenging behaviour and learning disabilities. Standards were incorporated from relevant guidance that was specific to the service. The care being provided was effective and produced positive results for people. For example, a person who had a history of regularly displaying behaviour which challenged staff and others had not had any recent episodes. A staff member told us, "[The person] has really calmed down. We understand the triggers and how to respond."

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "Everybody is very friendly and lovely." Other people told us, "I love [staff names]. They're really nice to me" and "I like all of them. Nothing bad to say about them." We observed examples of kind and caring interactions between people and staff. For example, we heard one person making arrangements with the registered manager for their next appointment at the hairdressers. The person was clearly very excited and told us, "I love going to the hairdressers to get my hair cut and I go and get my nails done too sometimes."

People clearly felt comfortable with staff and enjoyed interacting with them. One person was keen to speak to the registered manager who left what she was doing to sit down and engage in conversation with the person. Staff spoke to people calmly and patiently waited for people to formulate their responses.

People were treated with dignity and respect. When staff prompted or supported people with personal care, this was done behind closed doors to protect people's dignity. We observed staff knock on people's bedroom doors before they entered. There was a relaxed atmosphere in the home. We asked people what the atmosphere was like at Beulah Lodge. People told us, "It's friendly here", "I like it" and "It's nice."

The provider supported people to be as involved in making decisions about their care as they were able. Records indicated that people had been involved in the care planning process. Information in people's care files were in a pictorial format to assist people to understand the information. The registered manager had liaised with an external healthcare provider to ensure that one person had the assistance of an advocate to better understand the options for necessary dental treatment.

People were supported in a way which encouraged independence. People chose what they wanted to wear and when and where they wanted to go out. People were consulted on the décor and furniture in their bedroom. People's bedrooms contained items which reflected their age and personal interests. Staff ensured that people were dressed in clean, weather and age appropriate clothes, and that people were well-groomed. This helped to maintain people's self-esteem.

Requires Improvement

Is the service responsive?

Our findings

People's care plans had been reviewed and re-designed when the provider had taken over the service. People's care plans did not always reflect their assessed needs. We saw identical notes in relation to three people's preferences for their morning routine. It was clear from speaking to one person and staff that this was not their preference and did not reflect their actual morning routine. Another person's health action plan stated, the person (a male) should attend an annual well-woman clinic.

We raised these issues with the registered manager who did not offer an explanation but agreed that care planning was an area which required improvement. The registered manager told us she would review and revise each person's care plan. We did not find a breach of the regulations in relation to people's care plans not being personalised because this issue had not impacted the care people received. However, we remain concerned that in the event of a new or temporary member of staff joining the service, the information in people's care files would not enable them to provide safe or effective care to people.

Despite people's care plans not always reflecting their preferences, people received personalised care. This was because they were supported by a consistent staff team who knew them and their preferences well. Staff were knowledgeable about people's health care needs and any associated risks. In addition, because Beulah Lodge is a small service people and staff were constantly interacting, so staff quickly identified any changes in a person's needs.

Staff took prompt action if there were any concerns about a person's health. Referrals were made to appropriate health care professionals and staff supported people to ensure they got the treatment they needed. It was evident that people's health care needs were constantly monitored and responded to appropriately.

The provider ensured that people did not become socially isolated. People were supported to participate in a variety of organised activities at home and in the community. On the day of our visit, four people were participating in an arts and crafts session which they told us they were enjoying. Every month people went to see a different show at the theatre. The provider also organised visits to places of interest such as Hampton Court Palace as well as an annual holiday. People's social lives reflected their age and interests. People who were able to, organised their own social time and went out as they pleased. One person attended work in a voluntary capacity and told us how much they enjoyed this.

Staff supported people to spend time with the people who mattered most to them. Relatives were encouraged to visit the home. Some people visited their relatives at least once every week.

There was a complaints procedure in place and this was explained in pictorial format on noticeboards in the home. Although the provider had not received any complaints there was a system in place to ensure that complaints would be recorded, investigated and responded to.

Good

Is the service well-led?

Our findings

The home was well organised and well led. The service helped people to successfully achieve their desired outcomes by promoting an empowering culture that was person-centred. The staff and registered manager's vision for the service was to provide a family home environment for people and to support them to lead fulfilling lives. They were committed to this goal and were achieving their aim. People were happy living in the home and with the standard of care they received.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and responsibilities within the structure. Staff knew who to approach with their concerns. They also knew how to escalate concerns. Staff felt able to raise any concerns and get guidance from the registered manager. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role and were supported with their personal and professional development.

With the exception of the provider's failure to identify the issues with people's care plans detailed in the responsive section of this report, there were appropriate arrangements in place for checking the quality of the care people received. As part of their regular checks, the registered manager observed staff interaction with people, checked the standard of cleanliness in the home as well as staff training needs.

The registered manager was approachable and open to suggestions for improving the service from people living at Beulah Lodge, relatives and staff. A staff member told us, "The manager wants us to tell her how we think we could make things better."

The provider sought the views of people and staff through regular meetings. Records indicated that action had been taken to address the issues raised in these meetings. For example, we saw that the provider had researched and organised regular trips for people after it was raised at a meeting that more could be done to ensure people participated in activities outside the home. Other action taken based on feedback included redecorating and buying new furniture for people's bedrooms.

The provider was continuously looking for ways to improve people's experience of being supported by staff at Beulah Lodge. The registered manager told us about her plans to conduct a feedback survey amongst people, relatives and staff. There were also plans to develop the key-worker system in order to encourage more collaborative goal-setting as a means of getting people more involved in making decisions about their care.