The Bevern Trust

Bevern View

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

Overall summary

The inspection took place on 12 March 2015 and was unannounced.

Bevern View is registered to accommodate up to 11 people, nine full time residential care places for both male and female clients, with two places available for short term respite care. The purpose built service specialises in providing accessible support to people from the local area who have profound learning and physical disabilities. The premises require 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 people'. Registered people 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 manager had applied to be registered and this was being processed.

At the time of our inspection there were nine people living at Bevern View.

People were safe at Bevern View. Relatives we spoke with told us they had no concerns and were very happy with the care their loved ones received.

Staff we spoke with were familiar with safeguarding principles and were aware of the home's whistleblowing policy. All staff received safeguarding training and regular

Summary of findings

refresher training. Risk assessments were in place to protect people from harm and the management monitored and reviewed incidents to ensure any action required was taken. People's needs had been assessed and individual care plans devised and developed. Care plans were regularly reviewed when changes to people's health and wellbeing had occurred.

People spoke highly of the activities and opportunity for social engagement. The provider employed a dedicated activities coordinator and throughout the inspection, we observed group activities including a birthday party designed to involve and entertain all of the people there.

Medicines were stored safely and in line with legal requirements. People received their medicines on time; people were supported in ways tailored to their particular need to be able to receive their medicines safely.

Incident and accidents were consistently recorded. These were reviewed on a regular basis to monitor for any emerging trends or patterns and any lessons to be learned.

People were treated with respect and dignity by staff. They were spoken with and supported in a sensitive, respectful and caring manner. People were seen laughing and smiling with staff. Staff took trouble to develop the best communication possible with people.

We saw that people were provided with a balanced diet. This was tailored to people's preferences and took into account intolerances and allergies.

Staff commented they felt well supported by the team leaders, manager and nurse. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Plans were in place to promote good practice and develop the knowledge and skills of staff.

Staff told us they felt valued and inspired by their manager's hands on approach to deliver person centred care. They said their aim was to provide the best quality of life possible for the people at the home despite their extreme individual challenges. This aim was being used in practice by all staff and the manager.

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. The provider had taken steps to protect people from abuse.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

There were assessments in place to ensure that risks to people's safety and welfare were managed effectively and the premises and equipment were maintained to provide a safe environment for people.

Medicines and infection control policy and procedures were being followed.

There were contingency plans in place to deal with emergencies.

Good

Is the service effective?
The service was effective.

Staff received appropriate training, supervision and appraisals.

Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people to ensure their rights were protected.

People were supported to eat and drink enough to meet their needs.

People had their health needs met. There was training and oversight provided by nurses attached to the service to enable staff to carry out some specific tasks.

Good

Is the service caring?
The service was caring.

Staff knew people well and were able to tell us people's preferences and dislikes.

Staff were patient and kind when they spoke to people or supported them to carry out activities.

People were treated with dignity and respect and supported to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

The staff and environment provided stimulation for people with diverse needs, with social activities and interaction.

Daily routines were tailored to meet people's individual needs.

There was a complaints policy and procedure in place. People knew how to make a complaint if needed and complaints had been responded to.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

An appointee manager who had worked in the home and knew it well was in the process of registering as manager at this service.

Staff meetings took place and feedback was being sought from people and their relatives to ensure they continued to meet people's needs.

Staff were pleased with the changes that had been made under the new manager and felt that her hands–on approach inspired the other staff and had a positive effect on the way the home was run, especially in terms of providing person centred care.

Bevern View

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 12 March 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at information provided by the local authority including the Quality Monitoring Team. We reviewed records held by the CQC which included notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the home including previous reports, safeguarding notifications, complaints and information received from members of the public.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with the manager, four staff, three visiting relatives, the Chief Executive of the trust that funds the home, a member of the visiting Speech and Language Therapy (SALT) team and the in house communications assistant. People using the service were unable to communicate verbally but people we spoke with were able to make themselves understood with support from a staff member and using gestures to indicate a yes or no response.

We looked at records, including three care plans, daily records, associated daily food, fluid and activity charts, risk assessments, medicine records and observed care throughout the day. We also looked at five staff recruitment files, records of staff training, supervision and appraisal. During the inspection we spoke with one of the nurses who supervised and held ultimate responsibility for specific nursing tasks and training other staff.

The home was last inspected in December 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they had no concerns for their loved ones since they had been at the home. One relative told us, 'I am full of praise for the home, I can't fault it.' Another relative told us that their loved one often had disturbed nights and they would be very anxious if they were placed anywhere else. She was not anxious about them staying at Bevern View because they could see that their sleeping pattern was exactly the same as it was at home and that meant they were settled, safe and happy.

Staff told us that they had training in how to safeguard people from abuse and they understood about whistle blowing. They said they had not experienced any concerns at Bevern View but if they did they would go straight to the manager and notify the local authority. They were well informed regarding different forms of abuse and told us they were confident that if they raised any concerns with the manager, they would be listened to and acted on. Relatives we spoke with told us they felt the care their relative received was safe and that they all felt able to approach the manager should concerns arise and that they would be listened to and acted on. Relatives told us they knew who they could approach within the organisation if they had concerns and were aware that they could contact Social Services if necessary. The home's whistle-blowing policy guaranteed anonymity and required all information to be taken seriously and referred appropriately.

The high level needs of people at the home were reflected by the high staffing levels. There were nine members of staff on the day of our visit and we saw that a whole range of activities both inside and outside the home took place through the day.

On the day of our visit as well as the care staff, there was a manager and senior support worker. There was also an activities co-ordinator who had oversight of the domestic staff and the maintenance staff. Staff rosters had been assessed by the manager to ensure there was a high level of staffing that met people's needs. This was maintained consistently, with a reduction to two waking care staff at night with a senior or manager on call. We looked at four recruitment files and saw that protocols were followed to ensure that people were kept safe by the appointment of suitable staff. All files contained Disclosure and Barring Service (DBS) checks, at least two forms of personal identification, two relevant references, health questionnaires and interview notes.

There were detailed risk assessments in place for all equipment in the home and all activities that people participated in, whether inside or out in the community. This included wheelchair safety and transport issues, and incidents such as spillages. There was a step by step protocol for responding to epileptic seizures because of the high incidence amongst people at the home. Staff were familiar with this and regularly put it into practice. This ensured seizures were responded to appropriately and people were kept safe. Each person had their own file of emergency information to take to hospital if necessary. This included information such as medication, conditions, allergies, aids to communication, contact details and GP. There were plans in place for responding to any emergencies or untoward events such as floods, power failures or fires and all staff were trained in emergency first aid.

Fire-fighting equipment was supplied and serviced by a contractor and emergency lighting and the fire alarm system were tested regularly. Care plans contained individual Personal Emergency Evacuation Plans (PEEPS). These included consideration of method, route, staff assistance, medicines and health risks and were reviewed regularly. The shift leader told us that they had regular fire drills and 'we all know our part'. He said that there was a retained fire service in the village and they had a clear plan for evacuation from the home. He said that, in the event of a fire, there was a 'fire panel' which indicated the source of the alarm. The shift leader would call the fire service and inform them of the location of the fire.

The whole of the premises was decorated and equipped to a high standard. The rooms had good sized bathrooms and some had an elevated specialised bath, so that people with particular mobility challenges were able to bathe easily and as often as they wanted. There was tracking for the hoists that went from the centre of the bedrooms and into the bathroom and a new discreet tracking system in the main lounge which made involving all people in activities easier to achieve because staff could assist them to move around safely. The home's laundry and sluice rooms were only accessible to staff and all COSSH (Control of

Good

Is the service safe?

Substances Hazardous to Health Regulations) chemicals were locked away securely within this restricted area. This meant people were protected from the risk of scalds or injuries from ingesting or spilling harmful chemicals.

There were detailed risk assessments for going out in the home minibus, the use of bed rails, moving around in the building, using a wheelchair and going in the hydrotherapy pool. We saw from policy records and staff told us, that all accidents and incidents were recorded and discussed to identify lessons to be learned, which in turn informed policy and people's care plans as appropriate. This meant that lessons were learned and therefore staff knew what action to take to minimise the risk of accidents reoccurring.

The home had its own hydro-physiotherapy pool which people regularly used with the support of visiting physiotherapists. They told us that they conducted a risk assessment for each person using the hydro pool. The requirements varied depended on the individual needs of the person. Some required two people in the pool and one on the side, or a third person would join when it was time to use the hoist to support the person to exit the pool and provide personal care. The physiotherapists had a walkie-talkie with them so that they could call for a carer to assist if necessary. There was also a back-up cord to summon help in an emergency. This might occur if a person had an epileptic seizure in the pool or needed emergency attention for any other reason. In this way people were able to be kept safe while receiving the benefits of the facility.

There were robust protocols and procedures in place at the home to ensure the safe administration of medicines. Staff we spoke with knew these protocols well and we saw them in practice during our visit. Medicines were stored in a secure cupboard and there was refrigerated storage for any medicines which needed to be kept cool with a temperature monitor. We saw that records were kept to ensure correct temperatures were maintained. When people were prescribed as required (PRN) medicines these were subject to a GP's written authority. One person had to take their medication in food and drink. The person was fully aware of this and staff always made sure the person knew they were taking their medicine. We examined medicine administration record (MAR) sheets and saw that these were accurate and up to date. There was a control list of staff signatures to show which staff had the responsibility for giving people medicines and also to check that the right person was given the right medicine at the prescribed time. All allergies were recorded clearly along with any side-effects to look out for and staff were aware of these. There were protocols for administering non-oral medicines which the staff understood and used in practice. There were secure storage facilities for people to keep their medicines. MAR sheets were subject to a daily check by a shift leader and all medicines underwent a monthly audit by the manager.

Cleaning was carried out by domestic staff. Cleaning schedules were overseen by the housekeeping co-ordinator and checked by the manager. Deep cleaning was undertaken as and when required with plans in progress to organise a more regular programme for deep cleaning. The home was visibly clean and everyone we spoke with was positive about the cleanliness of the home. There was a full-time maintenance man who worked to forms completed by staff identifying issues that required attention. Staff told us that he also completed a lot of maintenance without prompting.

Good

Is the service effective?

Our findings

Staff we spoke with told us that there were always plenty of staff on duty to support people's complex needs and allow them to lead fulfilling lives. Some people required peg (Percutaneous Endoscopic Gastroscopy) feeding and staff had been trained by a nurse to set up the feeds and water. The nurse retained overall responsibility, attended the home twice a week and had a flexible working pattern to attend if required. The home's GP attended the home every Friday and ran a two hour clinic. This involvement ensured that people were given consistent and correct care.

One staff member told us, "We have lots of staff and everybody is so enthusiastic. Some staff have developed into new roles whilst working here. One person began as a care worker and is now a physio." Staff were given a comprehensive induction which placed emphasis on getting to know people at the home, and were given essential training with regular updates. They were also given training in areas such as epilepsy, massage and the Mental Capacity Act 2005 to help them carry out their roles effectively. Staff told us they had supervision bi-monthly with the manager and appraisal once a year. One staff member told us that following a recent return to work after extended leave, they had received lots of training to keep "up to speed." This included fire safety, peg feeding with the nurse, and an update on medicines administration.

The home used the services of a Communication Co-ordinator for 21 hours a week and a visit from the Speech and Language Therapy (SALT), team one day a month to work with people and staff to improve people's communication abilities. We spoke with a member of the visiting SALT team and the in-house communications assistant. They told us they carried initial assessments with people and then worked with them to enhance their communication skills. They also gave staff training and exercises to carry on with people to re-enforce these skills. They worked on areas including choice making interaction, touch cues, body language, objects of reference, symbols and signing. Their work was supported by the staff and their influence was apparent in activities such as "sign of the day", picture-board timetables and "Hello time." They told us they found staff at the home, "enthusiastic, friendly and motivated." The staff communicated effectively with people using their preferred methods of communication.

Staff told us they had also had training on the Mental Capacity Act 2005. One said that the training was very useful and provided a useful reminder about, 'supporting independent living, which is why we are all here and to provide good quality care.' We saw records showing that where people were unable to make important decisions for themselves, these were made at best interest meetings involving people, their relatives, senior staff members and if necessary, health professionals.

The staff avoided restraint wherever possible and all staff we spoke with knew people well and knew what may trigger behaviours that place themselves or others at risk. Staff were aware of methods and were appropriately trained to diffuse situations by diverting people and reassuring them to avoid situations escalating. Such incidents were all recorded in people's care plans. If restraint was to be used, it had to be minimal, justified and only in an emergency situation following a risk assessment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. On the day of the inspection, none of the people were subject to a Deprivation of Liberty Safeguard,

although the home had submitted several applications to the local authority for consideration.

The chef was aware of everyone's food preferences and was able to give examples of these. He also knew everybody's allergies and this was recorded in the kitchen. Food temperatures were monitored and recorded to ensure food was served at the correct temperature. This meant people were served food that met their needs and kept them safe. Staff told us the chef prepared great home cooked meals, "There is always a choice and he caters for special diets". Care plans we looked at held good detail in relation to people's personal preferences for food and drink. This included description of best texture for them to eat safely, what position suited them for eating and whether they used modified cutlery or crockery. This guidance was used in practice to support people to have enough to eat and drink.

Good

Is the service effective?

The home had been adapted to meet the specific needs of the people who lived there. There was a hydrotherapy pool and an accessible garden. One person's mother told us that people receive great benefits from the physiotherapy and the hydro pool. She also said they also enjoyed the garden in the summer. Her loved one had recently returned to the home following illness and said that the home had arranged for extra equipment to be brought in that they now needed. She told us the manager said, "If that is what he needs that is what we will do." She told us that the home had recently installed a tracked hoist in the lounge and that this had made a lot of difference. It meant that everybody could be involved in activities there. During the day there was a birthday party with organised games held for one of the people at the home and other people were supported to attend the event.

We observed a hydrotherapy session and spoke with the physiotherapists who were with one person using the pool. Both physiotherapists were in the pool with them and the person seemed very relaxed. There was gentle classical music adding to the ambience and the water was the temperature of a warm bath. The physiotherapists told us, "We have had some success with one person regaining the use of an arm. Others have gained an improved posture, a better sitting position and all this has longer term benefits for health and wellbeing." One staff member said, "We are very fortunate with the equipment we have, however it all came at once and we have had trouble with storage." We saw that there was a new storage facility being set up in the grounds which the manager told us would resolve the issue.

Good

Is the service caring?

Our findings

One relative told us that they looked after their son very well and his personal care was better than at home. She said that the staff were meticulous. She said that a mother can tell and, "It is not how they appear on the top, it is what is underneath. They keep his gastronomy site clean and dressed." We observed that staff had a caring, gentle approach with people and knew them well. There was a visible two-way affection between staff and people at the home with a lot of laughter and friendly encouragement by staff. One person told us that their son "Loves it here and the staff have been brilliant." She said that he was poorly in January and had been in hospital for a fortnight and needed a lot of support. His mother said that the staff had gone way beyond their duties to support him and kept in constant touch with her to keep her informed and stop her from worrying unduly.

People were supported to build relationships with each other as well as with staff. Staff had a good understanding of people's social preferences, and encouraged people to spend time with friends they had made at the home. Throughout the inspection we observed groups of people and staff

sitting, spending time together talking.

Staff recognised that people's religious and cultural needs should not be overlooked. The provider understood that people may not be able to attend services in the community and therefore organised for local church alliance groups to visit the home and provide services for people. One relative we spoke with told us that they were also a trustee and ran a 'Lighthouse' group including hymns, prayers and readings in the home on a Monday and four people attended.

People's daily activity charts showed that there were many activities arranged both inside and outside the home. Staff told us that they didn't do these things for the sake of it but, "Only if we think the young person will enjoy it." One person did not like going out in the evening and so they didn't take him out then. His relative told us that he preferred to be quiet in the evening and he liked the day time activities, so staff supported him to go bowling, travelling on the train, going out to a café and to the transport college.

One staff member told us that the home had a communication book and that was very helpful for people like her who worked part-time. There was a note in the book reminding colleagues to use one person's camera to record activities for their relatives to see. She said that this often works better than a written diary and the relatives appreciated it. Most people were able to communicate their wishes either verbally, by body language, touch cues, signing or objects of reference.

Staff told us about the involvement of relatives. They said that, "They are as involved as they want to be." They told us that some relatives are very involved as trustees as well as relatives. One staff member told us that relatives had a regular get together and that was organised by one of the relatives and another relative ran an activity with people at the home on a Monday. Relatives attended the six monthly review meetings with people, their key worker and therapists.

The home used cameras in people's rooms where people suffered frequent seizures. This practice was subject of best interest meetings and regularly reviewed to ensure that the need for privacy and dignity was respected while acknowledging the overriding need to keep people safe. The practice was also the subject of a DoLS application The cameras were limited in their coverage to people's heads. One relative we spoke with told us, "There is a camera in his room which is reassuring because sometimes he has seizures in the night and needs ventilation or suction."

The home's policy was that staff must always knock on people's doors and await an invitation before entering acknowledged people's right to be undisturbed, whether on their own or entertaining. Staff we spoke with were well aware of the policy and said that, "This is their home and their privacy and possessions must be respected. That includes phone calls." We saw this in practice during our inspection, with staff always knocking on people's doors and checking that it was okay with people before entering their rooms. Relatives told us, "Staff treat him as a person and he is friendly with the other people." We saw that the home's policy dictated that people had a choice in relation to the gender of their carer and, where possible, the carer of their choice, who supported them to "present themselves as they would wish." Relatives we spoke with confirmed this was the case.

One relative said that their son was more able than most of the people and the staff did things to channel his interests.

Good

Is the service caring?

She said, “He gets a lot from the staff and loves the other people. The staff have even taken him out ‘clubbing’, just like one of the lads. The staff are fabulous and they go the extra mile.” She said, although he came in for respite he was treated in the same way as the permanent people. She said, “If anything I would say that they push my boundaries. For example, I will not take him to the cinema but they do. They also take him horse riding and on one occasion he rode in a pony and trap across the seafront.”

Good

Is the service responsive?

Our findings

One relative told us that once her son was ill whilst he was in the home and she was away. He had a cold and a cough. It got worse but they spotted it early and took him to the doctor and then to the chemist to get the medication. It was all sorted out before she picked up the message they had left for her. She was reassured by this. This showed the staff had responded to the needs of this person and provided the care and support they required.

Staff we spoke with told us that people were involved as much as possible in planning their own care and activities to ensure person-centred care. All care plans were very personalised and included extensive lists of activities that people enjoyed taking part in. Achievable personal targets were set with suggestions to staff of ways in which they could support people to achieve them. For example one person was being supported to strengthen their head and neck control by providing them with lots of differently placed items of interest for them to look around at. Care plans were written in a personalised way, with sections headed, "All about me", "My friends and family" and "How I communicate." The staff knew each person and how to respond to them to support them in a way that was appropriate for their individual needs.

People's bedrooms were decorated in bright colours. One bedroom was decorated with lots of mirrors because the person enjoyed the light they created. In another room we saw a large picture of the 'Lion King' brought back from a recent trip to the theatre. All were highly personalised and reflected the personality of the people. The two rooms used for respite were thoughtfully decorated and each had a theme. One was the beach room and was decorated with seaside colours and with images of beach huts and seagulls. The other respite room had a garden theme. Each of the eight people who used the home for respite had a box of personal possessions that they left at the home and could be ready for them in the room on arrival.

We observed one person's session in the hydrotherapy pool. Staff said that the person had a health condition which benefitted from hydrotherapy. They were supported initially by staff in the water and later on in the 30 minute session they used a rubber ring to support themselves. Staff told us that the ultimate aim was to go beyond maintenance to improve movement and mobility.

The activities co-ordinator said that he wanted things to be creative and different every day and he worked closely on the same targets with the physiotherapists and speech and language therapists to support their work. For example, one person had activities designed to strengthen the muscles in their left arm. This was also the area that the physiotherapists were focussing on. This showed that staff responded to people by offering consistent care. There was an activity plan for each person. Activities changed all the time but included attending a range of colleges including a transport college and an outdoor activities college. There were also horse riding, communication, movement and wellbeing sessions. Some people were learning to communicate through the use of 'eye gaze' software and the home was beginning a signing group.

Assessments about people's personal care were individual and detailed. People had their own communication passport and this was updated and informed by the communication assistant and the SALT team. Each care plan contained important notes for staff to follow when supporting that particular person, relating to risk assessments, preferred morning routine, equipment and helping them to move around. Care plans included simple statements of people's health challenges and any allergies they might have as well as particular risks or discomforts they might be prone to, such as malnutrition, dehydration, seizures, dry skin and eye problems. Staff were familiar with people's particular aspects of care and put them into practice.

There were medical histories in care plans and clear protocols for dealing with seizures. In one care plan it said that there is ' X medication in the fridge and you should call an ambulance if a seizure lasts longer than 3 minutes.' There was emergency information to take to the hospital including contact details of the GP and list of medications. There was also helpful guidance about people's particular support needs in relation to eating and drinking, for example the instruction in red writing, "X must be allowed plenty of time." Care plans were regularly reviewed and updated as people's conditions improved or support needs changed. The manager had reviewed risk assessments on a monthly basis to make sure staff had the latest guidance to respond to when providing care and support for people.

There was a birthday party for one person taking place in the large lounge. People were seated in a circle in this room with staff in attendance and the activities coordinator

Good

Is the service responsive?

involving everyone in a game of Pass the Parcel. There was music playing and a projector with a large image of Buzz Lightyear on the wall. Toy Story was a favourite of the person whose birthday it was and he also enjoyed traditional party games. We asked a relative about the birthday party. She said that the activities coordinator was brilliant and they were lucky to have him. She said that he had included something for everyone in the Pass the Parcel game. The forfeits and prizes were tailored to the interests of the people there.

People were kept busy and active to avoid any risk of social isolation. One relative told us, "I would not put him anywhere else. This place stops him from being depressed, everybody keeps him occupied." Staff told us the most challenging thing was getting people ready in time for their colleges. One said, "They are typical young people and sometimes it can be a struggle in the mornings," but staff said they supported people when they chose to have their support. They also told us, "They have as many choices as we can give them. They choose their clothes, outings, activities, when to get up and go to bed, what to eat." One said, "X wanted to go to the theatre and he chose the show and the staff who would accompany him."

People's care plans included guidance for staff which they followed to enable people to make their own choices regarding what they wore, activities they took part in and food they ate. This was achieved either through communication methods such as oral, signing, picture boards or objects of reference or by offering them a choice to make their own selection. A relative told us that, "X decides everything. What to wear. He will not go out unless he is happy with what he is wearing."

Each of the people had an individual plan for the day. Some people were awake first and liked to have their care provided before breakfast. People were given as much time as they needed and staff ensured they took their medicines at the right times in relation to meals as prescribed. In this way the staff made sure people had the time they needed to receive person-centred care.

Relatives told us that their concerns were acknowledged and responded to. Relatives said that the manager would phone if she thought there was something wrong or if she thought the relatives might be a bit concerned about something to do with their loved one's care. She would also phone if their loved one had a significant medical appointment coming up.

A concern had been raised by CQC about the registration of the home and the fact that some of the care included what could be described as nursing care. We found that the arrangements in place were within the service's regulated activities. There were two permanent people who were peg fed and six of the eight people who came for respite care were also peg fed. We were informed that the care staff set up the feeds and the water and this did not have to be done by a nurse. There had been some training delivered by nurses but the activities were delegated to the care workers, although the nurses retained the overall responsibility. The nurse came to the home twice a week. We spoke to the nurse with oversight of these procedures and she confirmed these arrangements. A GP also ran a clinic at the home once a week on a Friday. Care staff were also trained to deal with some specific tasks but again medical and nursing staff provided the overall guidance and responsibility for these.

The home had a transparent and robust complaints policy. All complaints had to be acknowledged within two days, and where an investigation was required, this should take place within 28 days. If people were still not satisfied they would be referred higher up in the organisation or to the ombudsman. People's relatives felt confident in raising any concerns or complaints. One person told us, "I'd happily speak up." The complaints policy was displayed in the entrance of the home. Staff told us they would support people to make a complaint. We looked at the management of complaints and saw that complaints were rare, but when they were received they were dealt with promptly and recorded with a process in place to take forward any lessons learned.

Good

Is the service well-led?

Our findings

The shift leader we spoke with was pleased with the changes they had seen since the new manager had been appointed. They said that they felt that the staff who wanted more responsibility had been given it and the service had been improved for staff, people and their relatives. Staff told us they felt able to approach the shift leader or manager with any concerns or queries. Staff commented they knew the new manager as a former colleague and spoke highly of her. One member of staff told us, "Very approachable, interested in all staff, puts needs of people and their families first." Some relatives we spoke with after our inspection were aware of the new manager and were pleased with the way she ran the home.

The manager had worked at the home as a care worker and senior and the respect other staff held for her was apparent. They told us they felt "empowered." All staff had supervision bi-monthly with the manager and appraisal was once a year. One long term staff member told us, "We have lots of staff and everybody is so enthusiastic. Some staff have developed into new roles whilst working here. One person began as a care worker and is now a physio." One staff member had just returned to work after an absence and was very pleased to see how the new manager was "growing into her role." She said that the organisation was supportive of her caring responsibilities and she was able to work flexible hours to accommodate this.

The provider was always looking for way to ensure that staff delivered person centre care through relatives meetings and the use of an outside consultant to drive improvement. They had employed the consultant to examine their care methods, record keeping, facilities, training and staffing. They had taken the findings on board and were implementing a detailed action plan as a result. Some recommendations had already been actioned and others were longer term objectives. This and the continual auditing and review of processes, from staff management to care plans and bookkeeping within the home ensured that the provider was always striving for improvement. Care plans and daily records were continually reviewed and updated and were an accurate reflection of people's current level of ability, health, and susceptibility to risks.

Staff we spoke with told us that staffing levels were good and that there was a good team spirit where everyone worked together to achieve the best outcome for the people in the home. One said, "We have a great team. They are warm and friendly."

Accidents and incidents were recorded in a timely manner and reviewed to see if there were any learning outcomes from them or emerging trends.

The Chief Executive for the home told us that he was supporting the new manager with an improvement plan for the home. He said that the training from the nurses was for the care staff to perform the tasks that they had delegated. He also said that the Bevern Trust had a Christian ethos, expressed in a wish to provide nurturing care and a rewarding life-experience for people who faced severe challenges in their lives. He said that he was involved in fund raising and they hoped to take the 'guys' on holiday.

A manager was in post but they were not the 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 people'. Registered people have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager in post had submitted an application to the CQC which was being processed.

Relatives we spoke with had not recently been surveyed by the home for their views but were pleased with the way the home was run. One told us, "I am full of praise for the home, I can't fault it." Another said, "There have been some transitions recently with some key members of staff leaving, but it has been managed very well. "

We asked relatives about the level of information they received from the home about their loved one. One told us, "The communication has been good from day one. When you ask you always get the information you want. They phone you and tell you."

The office manager kept track of training on a database so that she could see who was due for training. Staff could access their own certificates. This showed there was an open culture and gave staff a sense of ownership and pride. She held the personnel records for all the staff but as part of an improvement drive an outsourced provider was now managing recruitment. The manager was still retaining responsibility for DBS and identity checks. The outsourced

Good

Is the service well-led?

provider was going to review and replace the employment and health and safety policies and they were going to produce an electronic staff handbook. This meant the provider was embracing new technology and trying to be environmentally friendly in trying to run a paper–free environment which in turn would free up more staff time to spend with people. Management meetings were held frequently, with a manager's meeting every fortnight and the Chief Executive's meeting every month to ensure that practices within the home were constantly reviewed and checked to achieve the best outcomes for people.

The office manager felt that the organisation was supportive and was part funding their accountancy training to develop their learning and increase their skills. Staff told us there were regular staff meetings and there was also a communication book which made sure part time staff were made aware of any changes to people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.