

Caireach Limited

Beacon House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 24 August 2015 and was an unannounced inspection. On the date of the inspection there were 16 people living in the home. Beacon House provides accommodation for up to 16 people with learning disabilities who require varying levels of care and support. Beacon House is split into two distinct units, Beacon House Upper and Beacon House Lower. These are run separately with different staff and management within each unit.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people received their medicines in a timely way in line with the prescribers' instructions and appropriate records were kept. However this was not consistently the

Summary of findings

case, as we noted one person did not receive all their medicines at the correct time. Medicines were correctly stored and arrangements were in place to order and dispose of medicines.

Most risks to people's health, safety and welfare were appropriately managed. Robust risk assessments were in place detailing how staff should help keep people safe whilst delivering care and support. However we noted one instance where hazardous items were not appropriately locked away. Once we pointed this out to management; they took immediate action to address.

People and relatives told us that people felt safe in the service and staff had a good understanding of how to recognise and act on allegations of abuse.

We concluded, overall staffing levels were sufficient and matched with the agreed contracted hours for each person living in the service. However whilst staff on Beacon House Lower told us staffing levels were sufficient, staff on Beacon House Upper all told us they felt at times staffing levels were not sufficient within certain areas of the unit. We asked the management to investigate this and address the concerns raised by staff.

Robust recruitment procedures were in place to ensure people were cared for by staff of suitable character.

The service was acting within the legal framework of the Mental Capacity Act, including meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). A number of DoLS applications had been made where the service judged it was depriving people of their liberty. This helped to ensure people's rights were protected.

People and relatives told us the food was good. We saw people had individual menus to ensure the food provided met their preferences. Some people were appropriately supported to cook for themselves to increase their independence.

People's healthcare needs were assessed by the service. Specific plans were in place to support and maintain the health of the people who used the service.

Staff received a range of training tailored to their role working in learning disabilities. We saw this had been effective, for example staff had received training in autism and had used that knowledge to develop specialist care plans for people with autism.

People and their relatives all said staff were kind and caring. We saw this was the case in the interactions with observed. People appeared comfortable and relaxed in the company of staff. Staff demonstrated a good knowledge of the people they cared for, for example able to confidently describe their likes, dislikes and preferences. A range of communication techniques were used by staff to ensure people were listened to and their views and choices heard.

People had a range of highly personalised care and support plans in place which provided detailed information on how staff should meet their needs. Staff we spoke with were familiar with people's plans of care and how to help them maximise their independence and develop life skills.

Staff supported people to undertake a range of activities and opportunities, including providing employment, trips into the community and holidays.

An appropriate system was in place to manage complaints and bring it to the attention of people who used the service.

The service was committed to continuous improvement of the service and a number of initiatives had been put in place to help deliver high quality care. For example the service was working towards recognised autism accreditation and we found this had resulted in a good level of expertise in this area.

A range of audits and checks were undertaken by the service for example medication audits and regular monthly audits by the clinical services manager. Where action was required robust plans of action were put in place to address.

People were involved in the running of the service through regular meetings and the service user forum where people were encouraged to get involved in the creation and review of policies including fire and safeguarding.

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 not consistently safe. Most people received their medicines in a safe and appropriate manner. However we found one person did not receive their medicines as prescribed. Records of stock balances of medicines did not always tally with the number in stock demonstrating a lack of robust accountability for all medicines.

The service had effective measures in place to recognise and protect people from abuse. Staff had received training in this area and all incidents were investigated to help prevent a re-occurrence and keep people safe.

Requires improvement



Is the service effective?

The service was effective. We found the location to be acting within the legal framework of the Mental Capacity Act, including meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff received a range of training tailored to the requirements of their role in learning disabilities care. Staff spoke highly of the training they had received and demonstrated a good knowledge of the subjects we asked them about indicating this training was effective.

People's healthcare needs were fully assessed and staff followed plans of care to help ensure people maintained good health.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were kind and treated them well. We observed care and saw staff spoke in a friendly manner to people, listened to their views and communicated appropriately with them. Staff provided a high level of interaction with people to meet both their care and support needs.

Staff listened to people and had developed a range of creative methods to ensure they could communicate with people including using pictorial displays.

Good



Is the service responsive?

The service was responsive. People had a range of relevant care and support plans in place which provided detailed information on how staff should meet people's needs. Staff were familiar with these which gave us assurances that plans of care were routinely followed.

People were supported to participate in a range of activities, based on their needs and preferences. We saw several examples where staff had helped people to achieve set goals and objectives including increasing their life skills and independence.

Good



Summary of findings

Is the service well-led?

The service was well led. Relatives we spoke with told us management were helpful and listened to their comments or concerns.

A range of regular audits and checks were undertaken by the service to help monitor and improve the quality of the service. We saw where issues were identified; appropriate plans were put in place to rectify these.

People were involved in the running of the service through several mechanisms including regular meetings and the service user forum.

Good



Beacon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 August 2015 and was unannounced. The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. As many people who used the service were unable to speak with us in detail about the quality of the service, we used the Short Observational Framework for Inspection

(SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who used the service, four relatives, nine support workers, a unit manager, a deputy manager and the clinical services manager. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

Prior to our inspections we asked the provider to complete a Provider Information Return (PIR). This was correctly completed and returned to us in a timely manner. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we held about the provider. We contacted the local authority to ask them for their views on the service and if they had any concerns.

Is the service safe?

Our findings

Overall we found most people received their medicines in a safe manner, however this was not consistently the case with some aspects of the medicine management system not being sufficiently robust. We looked at a sample of people's medication to ascertain whether they were receiving their medicines as prescribed. Although we found most people received their medicines as intended, one person was prescribed time specific medicines, one to be given 30 – 60 minutes before food and another medicine to be given with or just after food. However we observed they were given both medicines at the same time before the person had their breakfast. This showed that in this instance the person was not receiving their medicines as prescribed and showed a lack of arrangements with regard to time/circumstance specific medicines.

We observed the medicine round and saw staff asked people's consent before administering medicines. Staff were diligent in checking medicines including those in monitored dosage systems against the person's Medicine Administration Record (MAR) to ensure they were correct. Records of administration were robustly recorded on MAR's including where people refused their medicines. Staff had received training in safe management of medicines to help give them the skills they needed to administer medicines safely.

Medication profiles and risk assessments were in place providing staff with clear information on people's specific needs with regards to medication, their prescriptions, any allergies, and advice from external health professionals.

Stock levels of medicines were routinely monitored and checked. However on counting stocks of eight people's medication, we found three instances where the number of doses in stock did not match with the stock level recorded in records. Although in two cases this could be explained by a simple error in returning the medicine back to the incorrect box, in the other case we could not conclude whether the person had consistently received their medicines as prescribed as there was an extra tablet in stock.

Suitable arrangements were in place to give "as required" medicines. Detailed protocols were in place which helped ensure staff gave these medicines in a consistent way.

The service had ensured systems were in place to protect people from abuse. We observed care and support and saw people appeared relaxed in the company of staff for example smiling around them indicating they were happy in their company. Relatives told us they were confident their relatives were safe whilst using the service. Staff we spoke with had a good understanding of safeguarding matters and how to identify and act on allegations of abuse. This gave us assurances that staff would act appropriately if any concerns were identified.

The service strongly promoting safeguarding amongst its staff. Safeguarding policies were in place and a protocol specific to the home had been developed to help staff follow the correct process. Safeguarding was regularly discussed for example it was a standing agenda item on staff supervisions and was regularly discussed at staff meetings. A whistleblowing hotline was also in place to support staff to confidentially raise any concerns. The service promoted involvement of people in safeguarding, for example they were involved in reviewing abuse policies through the service user forum. Easy read information on safeguarding was placed throughout the service to inform people of how to raise concerns. Safeguarding and safety related incidents were appropriately investigated and referred appropriately to the local authority. Clear records were in place showing incidents had been appropriately investigated and learning put in place where applicable.

Robust recruitment procedures were in place to ensure staff were of suitable character for the role. This included checking previous work history, ensuring they were subject to a DBS (disclosure and baring service) check and obtaining references. Staff we spoke with confirmed these checks had been undertaken. This helped to ensure people were cared for safely by suitable staff.

We found most risks to people's health and safety were well controlled. Staff had a good understanding of the people we asked them about and how to keep them safe from risks associated with daily living and activities. For example, we found in one lounge, furniture had been bolted down and any moveable items removed to reduce the risk to one person. The service had implemented "positive risk assessments" which assessed and managing risks to people whilst ensuring that they were able to live

Is the service safe?

their lives in an enabling way. Relatives we spoke with told us they thought the service managed risk well and got the balance right between safety and ensuring people had opportunities to live their lives.

However we found one risk was not adequately controlled. Before the inspection, we reviewed the Provider Information return submitted by the provider. This stated that knives and sharps were always kept locked away. However, during the inspection we noted razors were left in the communal bathroom in an unlocked cupboard. This could have been a safety risk to people who used the service. We raised this with the deputy manager who discovered that the lock was broken. They immediately removed the razors to reduce the risk to people.

We assessed staffing levels within the home. We observed care and support and saw people received a high level of interaction and where appropriate supervision from staff. Documentation showed that staffing levels on Beacon House Lower were in excess of the required contracted hours. This allowed some spare capacity and team leader's time to undertake other tasks and medication whilst not compromising support. Staff we spoke with all said staffing levels in this area were sufficient to ensure people received safe care and support. We saw staffing levels were consistently maintained from day to day. Relatives we spoke with told us there were enough staff on Beacon House Lower.

Prior to the inspection, we received information of concern that staffing levels were not sufficient within Beacon House Upper to ensure people consistently received the required level of support. Most of the support staff we spoke with during the inspection raised staffing as an issue within Beacon House Upper. They said that although people were generally safe, they did not always receive the required

level of interaction due to a lack of staff. They said this was due to the configuration of the units, need for staff breaks and the time taken up by the medication round. A relative also told us they "needed a few more staff" on Beacon House Upper. However documentation we viewed showed that the contracted hours of support provided matched almost exactly with the hours provided, demonstrating staffing levels were in line with the contractual agreement. We concluded that the configuration of the units on Beacon House Upper was likely responsible for some of these concerns. We asked the provider to investigate these concerns with staff as there was a marked difference in sentiment from staff on Beacon House Upper and Beacon House Lower with regards to staffing levels.

We undertook a tour of the premises. We found it to be a suitable environment to care for the people who lived there. People and their relatives told us the building was nice and decorated to a high standard. We found rooms were well maintained and pleasantly decorated. The service had planned and adapted communal space to meet the needs of people who used the service. For example, Beacon House Lower was split into small units each for two people. In some of these, due to people's preferences and needs, communal space had been adapted so they each had their own living space as well as a separate bedroom area. These were highly personalised for example with sensory items to help support people. We saw people were involved in the decoration of their rooms.

Systems were in place to ensure any building defects were reported to maintenance and promptly repaired. The required safety checks were undertaken on the building such as gas, fire, window restrictors and water temperatures to ensure it was operated in a safe manner.

Is the service effective?

Our findings

People and relatives we spoke with told us they were generally happy with the service. Relatives told us how the service had been effective in promoting independence and developing life skills amongst their relatives. They told us that their relatives healthcare needs were met by the service.

Relatives told us that staff were well qualified and had the required level of skill to care for people. Staff we spoke with demonstrated a good level of knowledge about the people we asked them about for example their individual needs and preferences. All the staff we spoke with told us they had received effective training which helped them to undertake their role. This included safeguarding, manual handling, and how to de-escalating behaviours. Staff had received specialist training in subjects such as autism to give them the specific skills needed to support people living in the service. Arrangements were in place to provide staff with appropriate induction training, which included a local induction to policies and procedures and completion of the Care Certificate. This gave us assurances that appropriate induction training was provided for new staff. Staff received structured supervisions and appraisals and generally said they felt well supported by the organisation. Supervision records showed a range of areas were discussed including their future developmental needs.

Staff had received training in how to ensure restraint was done in a lawful way. Staff had a good understanding of how to control anxieties and reduce the incidents of behaviours that challenge. Detailed behaviour plans were in place which assisted staff to provide effective care and manage anxieties appropriately. Staff consistently reported that there had been a reduction in behaviours that challenge within the units as they got to know and understand the people they cared for. Any use of restraint was documented and incidents fully investigated.

A number of the people within the service were diagnosed with autism. Staff demonstrated a good understanding of autism and how to help individuals control their anxieties and provide support which met their needs. Autism factsheets had been developed to provide information to staff. Staff had signed these to demonstrate they had read and understood them. A great deal of work had been undertaken by the service to improve the effectiveness of

autism care. People with autism had specific and detailed plans of care in place which included sensory profiles. This helped staff to understand the individual and provide effective and person centred care.

People's healthcare needs were assessed to ensure staff delivered appropriate care. We saw staff supported people to attend healthcare appointments. Where specific risks were identified advice was sought for example from the dietician. Health action plans were in place. A Health Action Plan is a personal plan about what people with learning disabilities need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need. This provided us with assurance that people's health was robustly monitored. The service had implemented the "Traffic light hospital assessment". This presented information on people's needs in a simple formats to enable hospital staff to access clear and concise information on their needs should the person be admitted to hospital.

People and relatives we spoke with told us they liked the food provided by the service. Care plans were in place which assessed people's nutritional needs and provided guidance for staff. People had individual menu's which showed that a great deal of time had been invested in planning and developing a suitable programme of nutritional to meet people's individual needs and preferences. This included catering for cultural requirements. Menu's showed people had access to three main meals and regular snacks throughout the day. We saw evidence people were supported to maintain a healthy weight and healthy eating was promoted. Some people had a greater level of independence and we saw these people were provided with appropriate support to cook for themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We found the manager had a good understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act which gave us assurances that the correct legal processes were being followed. Where people lacked capacity to make decisions for themselves and the home had assessed that they were depriving people of their liberty for their

Is the service effective?

own safety, a number of DoLS applications had been made by the home. Some of these had been authorised and we saw evidence that the conditions were being met. Although we found management had a good understanding of DoLS, staff we spoke with could not confidently say how many people living in the home were subject to a current approved DoLS application.

Where the service suspected people lacked capacity, their capacity was assessed and the best interest process was followed in line with the Mental Capacity Act (MCA). We saw evidence that a number of decisions had been made for

people in their best interest. However we saw where people did not have relatives, an advocate had not always been involved in the process, we raised this with manager who agreed to take action to ensure this was arranged in the future.

We saw people's choices were respected with regards to their daily lives. Care plan and other documentation saw people were involved in making choices as to their preferred food and activities

Is the service caring?

Our findings

People we spoke with told us staff treated them well. Relatives we spoke with also told us that people were well cared for by the service and that staff treated people with dignity and respect. They generally said that staff knew their relative well, although some relatives reported that a relatively high turnover of staff had been a barrier to establishing long term relationships.

We observed care and support for several hours in both units of the home. This was particularly important as there were a number of people who were unable or unwilling to speak with us in detail about their experiences in the home. We saw staff treated people with dignity and respect and respected their privacy. We observed people looked clean and well cared for, for example their hair was neat and clothing appropriate. This indicated that where required staff were providing adequate support with personal care. We saw staff provided people with a high level of interaction, for example drawing people into conversation and sharing jokes with them. Through observations of care it was clear that staff knew the people they were caring for, actively encouraging them to participate in activities and engage in conversations about subjects they were interested in. Staff were responsive to people's requests, for we saw one person say they wanted to go into the garden. Staff immediately stopped updating care records and supported the person outside.

Discussions with staff showed a motivated staff team who genuinely cared for the people they were supporting. It was clear that strong relationships had been developed between people and staff. Staff were able to tell us in detail about the people they cared for, their likes, dislikes and

how to keep them safe and well supported. Staff could confidently describe people's life goals and how they were planning to help them achieve them. Staff were sensitive to culture requirements and for example ensuring that people were cared for by their preferred gender of staff.

Mechanisms were in place to listen to people and their relatives. Relatives we spoke with said they felt listened to and involved in care plan review through regular meetings. We saw staff had undertaken creative methods to understand and communicate with people. For example one person who used the service used Makaton (a type of sign language). A staff member had developed a Makaton passport for other staff. This provided information to staff how to interpret Makaton signs in order to communicate effectively with the person. For other people the service supported, staff were able to describe how they supported each individual to make their choices known. This included using symbols for example of activities and transport methods to help people make choices with regards to their daily lives.

Care plans contained detailed information on people's likes, dislikes and what was important to them. This covered their preferences in all areas of their care and support. This demonstrated a person centred approach and the level of detail demonstrated that staff had planned care in detail with the person to ensure it met their individual requirements. The home also promoted understanding and involvement in the service through developing a number of documents in pictorial and easy read formats, including policies, service user guides and menus. This helped communicate important information to people who used the service.

Is the service responsive?

Our findings

People and relatives we spoke with told us people were well cared for and staff were good at responding to their individual needs. For example, one relative told us that due to their relative's size, they had problems using the standard furniture and equipment within the home. They told us how the service had changed furniture and equipment so it now met the person's needs and that they could now successfully use the equipment.

People had well-structured care plans in place which demonstrated people's individual needs had been assessed in a number of areas. These were regularly reviewed and kept current and relevant. This helped staff to deliver responsive care. We found care records were written in a person centred way. Records included a support plan for each person. The support plan was designed to show staff members how to support each person effectively with different areas of their life. Plans included how to assist with, health support, cognitive support, sensory support, behaviours and socialising. These contained a good level of detail about what was important to the person in each aspect of their care and support. For example we saw one person's plan showed that staff needed to keep talking to them during personal care. These details helped to minimise anxieties when staff supported them. Staff we spoke with demonstrated a good awareness of people's needs which gave us assurance they were familiar with people's plans of care and were delivering care and support in line with these plans.

People and relatives we spoke with told us people were supported to undertake a range of activities. This included horse riding, swimming and planning and then going on holidays. Activities plans were created by people, and then staff supported people to undertake these. The provider also ran a number of initiatives which helped people develop life skills within their organisation. For example, the provider ran a bakery, a gardening project and a textiles centre where people from the service were supported to undertake meaningful work. This helped people become familiar with a work environment and develop skills.

Staff were able to give numerous examples of how people had developed whilst using the service, for example in gaining more independence and reduced their anxieties. Staff supported people to develop and achieve long term goals. For example we saw one person's goal was to live independently. Staff were supporting them to achieve this goal through a series of small steps. For example one step was unsupervised trips to the shop. Once this had been successfully achieved the person would move onto the next step, which would promote further independence. Progress against goals was regularly monitored. For example within Beacon House Lower a "My life goals board" was in place. This was completed for each person and included objectives completed and those for the next three months. We saw people had achieved a variety of goals such as hosting a religious party and visiting Blackpool. Within Beacon House Upper, goals were routinely set and monitored through care planning.

We saw care plans were generally up-to-date and regularly reviewed. A care plan review matrix was in place, this helped management to monitor when each person last had a review and ensure they were all kept up-to-date.

The service considered people's cultural and religious needs, for example, in providing food which conformed to the rules of their culture. We also saw the service was making arrangements to help one person attend religious ceremonies which matched their faith.

Shift handovers took place which contained detailed information on people's needs and any changes to help staff provide responsive care. A communication book was in place which staff were required to read and sign to demonstrate they had understood any important new information on people or how the service was run.

Complaints were appropriately managed. Relatives we spoke with told us they generally felt happy with the service and felt listened to if they made any complaints. A complaints policy was in place and this was prominently displayed in an accessible format to bring it to the attention of the people they were caring for. We saw a small number of complaints had been received and these had been appropriately responded to by the manager.

Is the service well-led?

Our findings

A registered manager was in place who oversaw the whole service. The service was then split into Beacon House Upper and Beacon House Lower each with separate staff and management. Overall high level systems and processes such as audits were the same, but different local protocols and ways of working had evolved within each unit.

We found the provider had submitted all required statutory notifications to the Commission, for example notifications of serious injury or allegations of abuse. This helped the Commission regularly monitor the quality of the service.

Relatives we spoke with told us the service was well managed and the management listened to and dealt with any minor concerns they raised. Most staff said they thought the service delivered high quality care with some describing management support as “fantastic” and “very good management.” However we found a marked difference in sentiment from staff on Beacon House Upper and Beacon House Lower. Staff on Beacon House Lower were happier and felt more supported. Staff on Beacon Upper felt that concerns over staffing levels had not been adequately addressed, for example when they had raised them at staff meetings. We raised this with the clinical services manager to ensure this was investigated.

Several mechanisms were in place to provide high quality care and further improve the care provision. The service was working towards autism accreditation. Although this had not yet been achieved we found that by planning towards the accreditation, the service and its staff had developed a high level of knowledge about Autism and detailed plans of care were in place to help support people in this area. Regular staff meetings took place, these were an opportunity to discuss performance and quality related issues, including individual people’s needs and any care and support issues that needed addressing. A “positive log” was in place to recognise and reward outstanding staff performance and help motivate staff to undertake their role to a high standard.

Systems were in place to regularly assess and monitor the quality of the service. The clinical services manager undertook a detailed audit of the service on a three monthly basis. This looked at a range of areas such as care plans, risk assessments, behavioural analysis, incidents,

positive outcomes and individual concerns. It ensured staff and people were spoken to and gave us assurances that the service quality was considered in detail. We looked at a recent audit and saw the manager had signed off actions as they had been completed showing that the required improvements were being made. Actions were reviewed by the clinical service manager at their next audit visit to ensure continual improvement of the service. Where service performance was sub-optimal increased management supervision was put in place. Audits took place in other areas such as medication, finances and health and safety and hand hygiene. We saw evidence these were effective in identifying and rectifying issues.

Mechanisms were in place to involve people in the running of the service. The provider ran a service user forum where representatives from the home attended. This forum encouraged people to be involved in developing policies and procedures. For example at recent meetings, fire safety and safeguarding had been discussed and people were asked to contribute to the provider’s new fire and safeguarding policies. This ensures they were involved in the running of the service and promoted awareness about the subjects they were reviewing such as fire safety and safeguarding.

People’s feedback was regularly sought through various mechanisms. Relatives were asked for their feedback on the service on a periodic basis through quality questionnaires. We looked at survey results from October 2014. Nine responses had been received. These were generally positive, showing a high level of satisfaction with the service. Where issues had been raised we saw action had been taken. Feedback had also been sought from people who use the service. Their feedback was overall positive and showed a high level of satisfaction with the service.

Regular meetings were held on both Beacon House Upper and Lower to involve people in making decisions over future care, support and activities. These were done both in a group and individual basis to ensure that those who had anxieties about attending a group meeting had their voices heard.

Systems were in place to analyse the number of incidents to each person each month to look for any trends. Incidents were also reviewed by the clinical services manager on a regular basis to monitor the safety of the service.