Dalesview Partnership Limited

Beechdale

Inspection report

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Date of inspection visit: 25/11/2015
Date of publication: 17/03/2016

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

Beechdale is a care home registered to provide care and accommodation for up to seven younger adults who have a learning disability. All facilities at the home are provided on the ground floor and the home has good general accessibility for people who use wheelchairs. The last inspection of the service took place on 15 July 2013. During that inspection the service was found to be compliant with all the areas assessed.

This inspection took place on 25 November 2015. The registered manager was given 24 hours notice of the inspection as this is a small service for younger adults, we needed to ensure people would be available to provide us with the information we required.

At the time of the inspection there were five people who used the service.

We were assisted throughout the inspection by the long term registered manager of the home. A registered manager is a person who has registered with the Care

Summary of findings

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.

People who used the service and their relatives expressed satisfaction with all aspects of their care. People told us they had confidence in the staff team to provide safe, effective care. People spoke highly of the registered manager and care staff describing them in ways such as 'kind', 'caring', and 'compassionate.'

Risks to people's health, safety or wellbeing were carefully assessed and managed well. Staff had a good understanding of the support people required and how to provide care in a safe manner.

Care workers were able to recognise changes in people's needs and took prompt action to ensure people were supported to access health care services when then they needed them. There were effective arrangements in place for the safe handling of people's medicines.

People were provided with care that was planned in accordance with their individual needs, wishes and preferences. The registered manager ensured that any changes in people's needs were taken into account when reviewing their care.

People were encouraged to be involved in their own care planning and developments in the service. People felt able to express their views and were confident these would be taken into account. The registered manager was aware of the measures to be taken to protect the rights of a person who did not have capacity to consent to any aspect of their care.

Staff were carefully recruited to help ensure they had the appropriate skills, knowledge and character to support people who used the service. Staff were provided with a good level of training and support, which helped them to maintain and develop their knowledge and skills.

Staffing levels were assessed in accordance with people's needs and kept under constant review. There were adequate numbers of staff on duty at all times, to ensure people were provided with the care and lifestyle support they required.

People reported a positive and open culture within which they could raise concerns. People felt any concerns they did raise would be taken seriously and dealt with appropriately.

There was a well established management structure in place and a number of processes to enable the registered manager and provider to monitor safety and quality across the service.

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?
This service was safe.

Good

Any risks to people's health, safety or well-being were carefully assessed and managed well.

Staff were aware of how to recognise and report any safeguarding concerns.

There were effective arrangements in place for the safe management of people's medicines.

Staff were carefully recruited to help ensure they were of suitable character to support people who used the service. Staffing levels were determined in accordance with people's needs and kept under constant review.

Is the service effective?
This service was effective.

Good

The registered manager and care workers ensured people received support to access health care services when required.

People received their care and support from well trained, well supported staff.

The rights of people who did not have capacity to consent to any aspect of their care were upheld because staff worked in accordance with the Mental Capacity Act 2005 and associated legislation.

Is the service caring?
This service was caring.

Good

People expressed satisfaction with the approach of care workers describing them in ways such as, 'caring,' 'kind' and 'compassionate.

People were supported to express their views and make decisions about the care they received.

Is the service responsive?
This service was responsive.

Good

People were provided with care that met their needs and preferences. Care staff ensured any changes in people's needs were identified and addressed.

People were enabled to have their say about how the service was run and to express their views and opinions.

People felt able to express their concerns and were confident any concerns they raised would be dealt with appropriately.

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

Good

People were aware of the management structure and who to approach if they had any concerns.

Summary of findings

The service was described as having an open culture within which people felt able to raise any issues of concern or express their views.

There were effective arrangements in place to enable the registered manager and provider to monitor safety and quality across the service.

Beechdale

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 25 November 2015. The registered manager was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

There were five people who were using the service at the time of the inspection. We met them all during the inspection. We spent time observing people in their home receiving support and interacting with staff. We also spoke with two family members of people who used the service.

We carried out a pathway tracking exercise. This involved us examining the care records of people closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for three people who used the service.

We had discussions with the registered manager and four staff members during the inspection. We spoke with two community professionals, including the local authority commissioning team who had no concerns about the service.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Good

Is the service safe?

Our findings

We viewed a selection of people's personal care files and noted there were a range of risk assessments in place. These covered general areas of health, safety and wellbeing, such as mobility and nutrition. In addition, there were risk assessments in place for activities, such as swimming or accessing the community, which included clear guidance for care staff about how to maintain people's safety.

Risk assessments were regularly reviewed and updated so they reflected the person's current circumstances. For example, one person's risk assessments had been reviewed and updated in response to medical treatment they were receiving, which was having an impact on their mobility and nutritional health.

There were PEEPS (Personal Emergency Evacuation Plans) in place for all the people who used the service. These were personalised and demonstrated that people's needs had been taken into account during their development. For example, one person's risk assessment included information about the increased risk of them experiencing a seizure if the fire alarm sounded and guided staff in how to support them in these circumstances.

The service had a policy and related procedures in place for safeguarding people from abuse or improper treatment. The area of safeguarding was also included in the mandatory training programme for staff, which meant all staff members were expected to complete it.

The registered manager and staff spoken with demonstrated a good understanding of their responsibility to protect people from abuse and were able to confidently describe the correct procedures to be followed in the event that an incident of abuse was alleged or suspected.

Records showed that any safeguarding concerns were referred to the relevant authorities promptly. Any action taken as a result of safeguarding concerns was also properly recorded.

There were clear guidelines in place for staff in the safe administration of medicines. We found the guidance was well detailed and covered a number of areas, including what action to take in the event that a medicines error occurred.

Training in the safe management of medicines was classed as mandatory, so all staff were expected to complete it. Records showed that all care workers had been provided with this training and that the training was regularly updated.

One person who used the service was prescribed a medicine on an 'as required' basis, which was administered by specialist technique. There were robust processes in place to help ensure that all care staff who supported the person were trained in the administration technique and that their competence was regularly checked. A competence register was held in the home detailing the date each staff member's training had been updated and when their competence had been checked.

We viewed the medicines records for all the people who used the service. These contained all the required information including a photograph, allergy information and an individualised protocol describing the support they required to take their medicines.

Medication Administration Records (MARs) were viewed and found to be in good order. However, we did note one example where some hand-written information had been added to the MAR, but had not been witnessed or countersigned.

There was clear information in place for people who were prescribed medicines on an 'as required' basis. The information provided guidance for staff about when the medicines should be adminsitered. This helped to ensure people received their medicines when they needed them.

We carried out some spot checks of medicines in stock against medicine records. In all cases these were found to be correct, which demonstrated staff were completing records in an accurate manner.

We looked at the records for one person whose medicines had been frequently changed in recent months, due to some treatment they were undergoing. We saw these changes had been managed carefully to ensure that health professionals' instructions were implemented promptly and accurately.

Medicines were stored in an appropriate manner and were well organised. Products with a limited shelf life were dated on opening to help ensure they were disposed of within the correct timescales. However, we noted that there was no separate facility for storing any items requiring refrigeration

Good

Is the service safe?

and current arrangements consisted of a locked box within the general refrigerator at the home. We advised the registered manager to carry out a risk assessment to ensure this arrangement was adequate.

People we spoke with expressed satisfaction with the staffing levels at the service. People commented on the low turnover of staff, low level of sickness and described the staff team in ways such as 'committed' and 'dedicated'. There was an established staffing level which had been determined in line with the needs of people who used the service. However, we saw that staffing was flexible to fit in with people's activities or times when additional support was required due to reasons such as illness.

The registered manager was able to give us two examples where additional staff had been scheduled to provide 1-1 support for people during hospital stays. This included the provision of overnight support, so that people had the reassurance of a familiar face whilst staying in hospital.

We viewed a selection of staff personnel files which demonstrated that new staff members were carefully recruited. Applicants were required to undergo a formal recruitment process and were subject to a variety of background checks before they were offered employment. Such background checks included previous employment references, a full employment history and a DBS (Disclosure and Barring Service) check which would indicate if the person had any criminal convictions or had ever been barred from working with vulnerable people. We noted the dates of some DBS checks were held at the head office of the service. We discussed this with the registered manager who agreed to ensure the dates of DBS receipt, were also recorded on people's personnel files, which were held within the home, so as to improve the audit trail for recruitment.

Good

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the support their loved ones received to maintain good health. One family member described how staff and the registered manager had been extremely supportive of her relative in seeking appropriate health care support for a newly diagnosed medical condition. They commented, "The home have been very supportive of me, dealing with the NHS and helping me to get to appointments."

People's care plans contained a medical history and clear information about their current health care needs. We noted that routine health care, such as dental and optical care, was included, as well as any additional needs specific to the individual.

Everyone who used the service had a hospital passport in place. This included detailed information about their health and daily care needs and also covered areas such as communication and likes and dislikes. The passports were designed to provide information for external health care professionals in circumstances, such as the person being admitted to hospital. However, we also noted that it was usual practice at the service to provide 1-1 staffing support for people during hospital stays.

We were able to confirm that the registered manager ensured staff had clear guidance and where appropriate, specific training in relation to any person's individual health care needs. For example, we viewed the care plan of a person who had epilepsy. We saw that there was extremely detailed guidance in place for staff about the person's' condition and how it affected them. There were clear protocols in place regarding the support of the person during and after a seizure and when and how to administer rescue medicines.

Another example we viewed was the care of a person who was undergoing some treatment, which could have significant side effects. Clear guidance was in place for staff about how to monitor the person for the side effects and the action to take in the event that the person experienced them. The person's daily records demonstrated that staff were following these guidelines on a day-to-day basis.

People's daily care records provided evidence of effective joint working with community health care professionals, such as district nurses. We saw that staff made appropriate referrals and followed the guidance of external professionals carefully.

We received positive feedback from people about the standard and variety of food provided at the service. One relative commented, "The food is excellent – very nutritious. They [the staff] really think about the balance."

Nutritional risk assessments were in place and we found these were regularly updated to reflect people's changing needs. For example, one person's nutritional risk assessment reflected probable changes in appetite and the subsequent increased risk, due to medical treatment they were undergoing. Another person's nutritional risk assessment reflected changes in their health and the increase in nutritional risk, which these changes brought about.

Where nutritional risk was identified, we saw that staff took appropriate action. Such action included close monitoring of food taken and weight, and where appropriate the input of community dieticians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 Deprivation of Liberty Safeguards (DoLS).

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

The registered manager and staff demonstrated a good understanding of the MCA and DoLS. At the time of the inspection the registered manager had made an application under DoLS for one of the people who used the service, due to a change in their physical and mental

Good

Is the service effective?

health. We saw that the appropriate procedures had been followed and were also able to determine that the registered manager had involved the appropriate people throughout the process.

There was a comprehensive training programme in place which commenced with an induction at the start of a person's employment. Ongoing training included important health and safety training in areas such as moving and handling and first aid. In addition, training in areas such as person centred care, intensive interaction and equality and diversity was part of the mandatory programme.

We noted that in addition to the mandatory programme, training was adapted in line with the needs of people who used the service. For example, we saw that following a recent health diagnosis for one person who used the service, the registered manager had sourced a training course for all staff to attend relating to the person's health condition.

Training was carefully monitored by the registered manager and a training manager employed by the provider. This careful monitoring ensured all staff were provided with their required training and that regular updates and refresher courses were undertaken. This helped to ensure that staff maintained their skills and were kept updated about changes in legislation or best practice.

Records showed that over three quarters of staff employed at the home held nationally recognised qualifications in care.

Staff we spoke with told us they felt well supported by the registered manager and the wider management team from the organisation. Records confirmed that all staff were provided with formal supervision on a regular basis, during which they could discuss areas such as training, general performance and any concerns either party may have had.

Good

Is the service caring?

Our findings

People we spoke with described a caring and compassionate service. Comments we received included, "You can feel the warmth as soon as you walk in here." "The carers are very intuitive. They can read [name removed]'s mood." "The love, the care and the warmth here is as much as any family could give." We asked one person who used the service what they thought of the care workers and they replied, "Beautiful."

We observed people receiving support and interacting with care workers. It was apparent from the cheerful and good humoured chat that they enjoyed very positive relationships. People who used the service appeared relaxed and comfortable in the presence of staff and interacted in a happy manner with care workers.

We noted some very good examples of support during the inspection. We joined people who used the service for lunch and observed one person being supported to eat their meal. The staff member providing the support remained fully engaged with the person the whole time. We saw the support was given in a very patient and kind manner. At one point we heard the staff member quietly say to the person, "Is there something troubling you?" The staff member had identified subtle none verbal cues from the person, that they were not comfortable in their chair and then spent time patiently finding out what the problem was and rectifying it. The person was visibly more relaxed and happy following this.

The importance of supporting people in a manner that promoted their privacy and dignity was frequently referred to in their care plans and individual protocols in relation to specific aspects of care. Care workers were seen to support people in a respectful manner and were able to tell us how they ensured people's privacy and dignity was promoted on a daily basis.

There was a comprehensive communication plan in place for every person who used the service. This detailed their own methods of communication, such as gestures or none verbal communication. It contained sections such as, 'How I might show I am unhappy,' and 'how I might show I am happy.' One person's communication plan stated, 'I prefer a quiet environment. I like you to talk to me in a soft low tone. I don't like loud voices.' Information of this nature helped care workers to understand the people they were supporting, communicate more effectively and as such, support people to make and express their choices.

A further tool to help enhance the support of people who were not able to communicate verbally was the distress assessment tool. This was a tool which helped staff to identify if a person was in pain or distressed, through the use of none verbal communication.

An advocate is an independent person who can assist people to express their choices and decisions about their care. Information was posted in the home regarding the availability of local advocacy services and how to access them. This meant that people who used the service or their families, had the information they required to access the service independently if they felt it would be of benefit to them.

Good

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with all aspects of the service. Comments we received included, "I have 100% confidence in them [the staff] and that means a lot." "Everything is thought about, I don't have to worry about anything." We asked a person who used the service if they liked living at the home and they said, "I love it here. I love the food and my bedroom and lots of nice things."

We viewed the care plans of three people who used the service. These were all found to be of a very good standard. Care plans included comprehensive information about all aspects of people's daily care needs. In addition, person centred information, such as important relationships, valued pastimes and hobbies and preferred daily routines were also well detailed.

There were clear risk assessments and protocols in place for each aspect of people's personal care. These contained clear guidance for staff which in some examples, such as moving and handling protocols, were pictorial.

We found some very good examples of well detailed, person centred guidelines in place to assist care workers in meeting people's needs. For example, the support strategies in relation to one person's mental health needs were extremely personalised. We noted that a close relative had been involved in developing these guidelines.

Peoples preferred daily routines and the things that mattered to them on a day to day basis were recorded. For example, one person's plan stated, 'I will choose when I go to bed. Sometimes I like to stay up late and chat to night staff.' And the care plan of another person who at times, experienced distress in the night, stated, 'If I wake up crying, sit with me and talk with me until I feel better.'

We found evidence that the registered manager and staff responded effectively to changes in people's needs. We viewed the care plan of a person who was undergoing some medical treatment with possible, significant side effects. The person's care plan had been thoroughly reviewed and the possible impact in areas such as mobility, nutrition and mental health had been fully considered.

We saw that staff had quickly identified changes in another person's mobility and general health. They had worked closely with external health professionals to ensure the person received the care they required. Following a diagnosis of a long term condition, the person's care plan had been reviewed to take into account the changes in their needs.

Relatives we spoke with were satisfied that they were fully involved in their loved ones' care. One person commented, "Nothing happens without my involvement. I have a say in everything."

Records of care plan reviews demonstrated that people were fully involved and encouraged to express their views and make decisions.

The registered manager advised us that the area of lifestyle was viewed as an important aspect of the care provided at Beechdale. This was reflected in people's care plans, which all contained a good level of information about their valued hobbies and activities and the support they required to undertake them. Each person had an individual lifestyle plan, which detailed the activities they took part in both inside and outside the home.

We saw that people regularly enjoyed various hobbies and activities including college courses, local walks, pub trips, music clubs, swimming and various sporting pursuits. At the time of the inspection, people who used the service were all going about individual activities which included, shopping trips, lunch dates and a trampoline club. People who used the service were also supported to enjoy trips away and holidays on a regular basis.

The registered manager advised us that regular contact was maintained with everyone who used the service and their relatives. This information was supported by the discussions we held with people. One relative told us, "Beechdale really is a home - it really is their [the residents] home. They have a say in everything." People we spoke with told us they were able to express their views and opinions about the running of the home and they were confident these views were welcomed.

Satisfaction surveys were carried out with people who used the service, their families and staff on a regular basis. In addition, an organisation wide service user forum was regularly held, which was attended by some people who used the service. This forum was held to discuss all aspects of the service, and a variety of important subjects, such as safeguarding or advocacy.

Good

Is the service responsive?

We saw there was a complaints procedure in place which advised people how to raise concerns and how to escalate them should they be unhappy with the response they received. In addition, the procedure included contact details for relevant external agencies, such as the CQC and the local authority.

The complaints procedure was made available in an easy read, pictorial format for the benefit of people who used the service. We saw this was posted in various areas of the home, and that each person had been provided with a copy for their own use.

Good

Is the service well-led?

Our findings

There was a well-established management structure in place which included a long term registered manager. Everyone we spoke with was aware of the structure of the management team and that of the wider organisation. People knew who to speak to if they had any concerns and were confident any concerns they did raise would be dealt with appropriately.

The registered manager worked on a full time basis at the home and advised us she worked in a hands on manner. This meant she was always available to offer guidance and support to people who used the service or staff. People told us they felt comfortable in approaching the registered manager, describing her as supportive and helpful. People also commented they would be confident in approaching the provider of the organisation if the need arose.

Staff spoken with reported an open culture within which they could raise concerns. At the time of the inspection, there was a staff survey being undertaken to enable employees to express their views and opinions.

There were a number of processes in place to enable the registered manager and provider to monitor quality and safety across the service.

The registered manager conducted audits on a monthly basis across a number of areas including health and safety, finances and environmental standards. Audits also extended to aspects of people's care, such as lifestyle provision and care planning. Having regular audits such as these, enabled the registered manager to identify any areas for improvement and take action to rectify them.

The provider carried out a monthly visit during which she made checks of the environment, looked at records and engaged with people who used the service and staff members. A detailed report was completed following these visits and any actions identified by the provider, were clearly recorded and followed up to ensure they had been completed.

There was a process in place to record any complaints or adverse incidents, such as safeguarding concerns. These were then analysed on a regular basis to ensure that any themes or trends could be identified and addressed.

We noted the registered manager benefited from a useful support network with other registered managers from the organisation. Regular meetings took place during which developments in best practice or any changes in legislation or guidance could be shared. Themed meetings also took place to discuss areas such as capacity and consent or safeguarding, during which policies and procedures were reviewed and updated. This information was then discussed and cascaded to the staff teams across the organisation.